



**BOYS & GIRLS CLUBS**  
OF THE MIDLANDS

OMAHA • CARTER LAKE • COUNCIL BLUFFS

## VOLUNTEER SERVICE APPLICATION

Check Unit:

<u>__North Unit</u>	<u>__South Unit</u>	<u>_Carter Lake Unit/Camp</u>	<u>__Westside Unit</u>	<u>__Mount View Unit</u>	<u>__Council Bluffs Unit</u>
Dave Felici	Francisco (Paco) Fuentes	Courtney Comfort	Ashley Ellington	Tom Linnell	Chris Peterson
2610 Hamilton Street	5051 South 22 Street	4101 North 17 Street	1414 Robertson Drive	5322 North 52 Street	815 North 16 Street
Omaha, NE 68131	Omaha, NE 68107	Carter Lake, IA 51510	Omaha, NE 68114	Omaha, NE 68104	Council Bluffs, IA 51501
(402)342-2300	(402)733-8333	(712) 347-5687	(402)932-6477	(402)208-3833	(712) 256-5603
<u>__Skinner CLC</u>	<u>__Morton CLC</u>	<u>__Druid Hill CLC</u>	<u>__King Science CLC</u>	<u>__Spring Lake CLC</u>	
Shery Dukes	Stephanie Henderson	Julie Knight	Angela Reed	Olivia Escobedo	
4304 N. 33 <sup>rd</sup> Street	4606 Terrace Drive	4020 N. 30 <sup>th</sup> Street	3720 Florence Blvd	4215 S. 20 <sup>th</sup> Street	
Omaha, NE 68111	Omaha, NE 68134	Omaha, NE 68111	Omaha, NE 68110	Omaha, NE 68107	
(402) 718-6554	(402)557-4700	(402) 812-7545	(402)557-3720	(402) 342-1600	

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Full First Name Middle name Last name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian, If Under 19: \_\_\_\_\_

Where Did You Learn About Our Volunteer Opportunities? \_\_\_\_\_

Are You Seeking To Volunteer To Satisfy Court-Ordered Community Service? \_\_\_\_\_

### EDUCATION BACKGROUND

High School and year graduated \_\_\_\_\_

College(s) and year graduated \_\_\_\_\_

### SKILLS AND INTERESTS

What Hobbies, Interests and Activities Do You Enjoy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered with a youth serving organization in the past? \_\_\_\_\_ May we contact them? \_\_\_\_\_

Have you experienced a significant life event in the past few years? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employment dates: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employment dates: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employment dates: \_\_\_\_\_

**AREA of INTEREST**

*I would enjoy working directly with the kids in this/these areas:*

- |   |  |
|---|--|
| <input type="checkbox"/> Education Center | <input type="checkbox"/> Arts and Crafts Activity            |
| <input type="checkbox"/> Games Room       | <input type="checkbox"/> Chaperoning a field trip            |
| <input type="checkbox"/> Gym/Weight Room  | <input type="checkbox"/> Assisting with Office/Clerical work |
| <input type="checkbox"/> Teen Center      | <input type="checkbox"/> Computer Programming (CS First)     |

**PREFERENCES IN VOLUNTEERING** (check as many as you like)

Members of the Boys & Girls Clubs are ages 6 to 18.

Which age groups would you most enjoy working with?

- |  |  |
|--|--|
| <input type="checkbox"/> 6-7 year olds   | <input type="checkbox"/> 8-10 year olds  |
| <input type="checkbox"/> 11-12 year olds | <input type="checkbox"/> 13-15 year olds |
| <input type="checkbox"/> 16-18 year olds | <input type="checkbox"/> Does not matter |

## REQUEST TO BECOME A MENTOR

Do you prefer to be matched with: (check one)  Male  Female  No preference

I would like to work with a child in grade (check one): Elementary School: 1 2 3 4 5

Middle School: 6 7 8 High School: 9 10 11 12

*I would enjoy working in the admin/office area:*

Clerical work (filing, faxing, copying, ext.)

Assisting with special projects/fundraisers

Data Base Management (experience in this field required)

Activities not listed above that I am interested in: \_\_\_\_\_

## AVAILABILITY

Indicate Days And Times You Are Available For Volunteer Service.

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time:					
Finish time:					

What kind of a time commitment are you willing to make?

One time

6 months-9 months

6 weeks-3 months

9 months-1 year

3 months-6 months

Other time frames \_\_\_\_\_

## REFERENCES

Please give three (3) personal references other than relatives, preferably ones who have known you for 5 years or longer.

Name	Address	Phone	Years Known
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## ADDITIONAL INFORMATION

*Please circle the applicable response.*

• Do you currently use illegal drugs? Yes No

• Have you ever been convicted of a misdemeanor or felony? Yes No

- Have you ever been convicted of or is there a pending criminal charge against you for child abuse or neglect? Yes    No
- Has your driver's license been suspended or revoked? Yes    No

If you responded yes to any of the 4 questions, please explain the nature of the situation, occurrence, charge or conviction.

Although the work of the Club is of a sensitive nature and the Club is required to follow strict licensing standards, the Boys & Girls Clubs of the Midlands assesses each individual's application on a case by case basis and does not automatically disqualify candidates based on a criminal record.

Please explain any other facts or circumstances involving you or your background that would call into question you being entrusted with the supervision, guidance and care of young people:

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### **UNDERSTANDING AND AUTHORIZATION**

I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I understand that false statements on this application or any other material provided shall be considered sufficient cause for dismissal.

I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers, personal references, the Omaha Police Department, Douglas County Sheriff Department, and the Nebraska Child Abuse/Neglect Central Registry to give you any and all information concerning my education, employment and fitness to work with children and young people to the Boys & Girls Clubs of Omaha, and release all such institutions and references listed above and any law enforcement agency from all liability and any damage that may result from furnishing this information to you. It is my understanding that such information will be used by Boys & Girls Clubs of Omaha solely for the purpose of making volunteer placement decisions. I agree to sign an additional, separate authorization form allowing a third party agency to conduct a thorough background check of me.

**A photocopy of this authorization shall be considered as effective and valid as the original.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have used a different last name please indicate former name:** \_\_\_\_\_

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Personal References checked: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Police Record check sent: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Nebraska Child Abuse/Neglect Central Registry sent: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Volunteer Accepted/Denied and Notified: \_\_\_\_\_

Orientation Scheduled: Date and Time: \_\_\_\_\_

Placement beginning Date: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Schedule: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BOYS & GIRLS CLUBS OF THE MIDLANDS**  
**Volunteer TELEPHONE REFERENCE**

This telephone reference check should be completed on all prospective volunteers with previous job experience. The ideal way to complete this reference review is to contact the applicant's immediate supervisor and/or the personnel department at his/her prior employment.

NAME OF APPLICANT:

FORMER SUPERVISOR/TITLE:

NAME OF COMPANY CONTACTED:

PHONE NUMBER:

\_\_\_\_\_ has applied to volunteer with us. Would you verify some of the information that we were given?

1. He/she worked for you company from \_\_\_\_\_ to \_\_\_\_\_.

Circle YES or NO

2. The position held \_\_\_\_\_.

Circle YES or NO

3. What was this individual's responsibilities?

4. How would you rate this individual's performance?

5. What were this individual's strong/weak points in relation to their position?

6. How was his/her attendance/punctuality record?

7. Did this individual have supervisory responsibilities?

8. Why did he/she leave your company?

9. Would you recommend this person to volunteer? Circle YES or NO

If no, Why? \_\_\_\_\_

10. Do you have additional comments regarding work experience?

Signature \_\_\_\_\_ Date \_\_\_\_\_



# APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by [One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645], another outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

All Previous Addresses in the Last Seven Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature\*\* : \_\_\_\_\_ Date: \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

## SUMMARY OF RIGHTS UNDER THE FCRA

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commissions web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance or employment must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.
2. You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data, of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
5. You can dispute inaccurate items with the source of the information. If you tell anyone--such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
6. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.
8. Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.



10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA. For questions or concerns regarding:

**CRAs, creditors and others not listed below, please contact:**

Federal Trade Commission  
Bureau of Consumer Protection-FCRA,  
Washington, DC 20580 (202) 326-3761

**National banks, federal branches/agencies of foreign banks, please contact:**

Office of the Controller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 (800) 613-6743

**Federal Reserve System member banks, please contact:**

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 (202) 452-3693

**Savings associations and federally chartered savings banks, please contact:**

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
(800) 842-6929

**Federal credit unions, please contact:**

National Credit Union Administration  
775 Duke Street  
Alexandria, VA 22314  
(703) 518-6360

**Federal Deposit Insurance Corporation**

Division of Compliance & Consumer Affairs  
Washington, DC 20429  
(800) 934-FDIC

**Air, surface or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission, please contact:**

Department of Transportation  
Office of Financial Management  
Washington, DC 20590  
(202) 366-1306

**Activities subject to the Packers and Stockyards Act, 1921, please contact:**

Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20250  
(202) 720-7051

**CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION FORM  
 FOR CHILD CARE CENTERS, PRESCHOOLS AND SCHOOL-AGE-ONLY PROGRAMS**

Child Care Center, Preschool and School-Age-Only personnel (applicant, licensee, director, regularly identified substitute, and staff including teachers, assistant teachers and all support staff age 13 and older) listed on a license application for initial, renewal, and/or amendment licensure shall be screened against the Nebraska Child Abuse and Neglect Register and the Nebraska Adult Abuse and Neglect Central Registry (age 18 and older) by the Department BEFORE issuing a license. *New candidates being considered for employment in a Child Care Center, Preschool and/or School-Age-Only Center must be screened against the same Register/Registry BEFORE being hired.*

<input type="checkbox"/> Position applied for:	<input type="checkbox"/> Employee Interview Date:	<input type="checkbox"/> Volunteer Start Date:
Licensed Facility Name:		LICENSE#:
Address (mail):		Area Code/Phone Number:
City/State/Zip:		Area Code/Fax Number:

**The department needs your consent to check your name/s against the Nebraska Child Abuse and Neglect Register and the Nebraska Adult Abuse and Neglect Central Registry.**

I give my consent to Nebraska Department of Health and Human Services to conduct Registry Checks of my name/s on the Registries listed above AND authorize the release of the Registry Check results to the licensee/facility named above. The Department may state if my name appears or does not appear on the registers as an alleged perpetrator and may use information obtained for licensing determinations.

**Note:** All persons under the age of nineteen years of age are minors; therefore, Releases completed by those individuals between the ages of 13 to 19 years of age must be signed by the minor AND by the Parent and/or Guardian of said minor. (In case any person under the age of nineteen years of age is married, he/she is no longer a "minor" and the signature of the parent and/or guardian is not required.)

The submission of Social Security Numbers is voluntary; however, they are requested for the purpose of expediting the process of conducting the required background checks. Social Security Numbers will not be released without the individual's consent except as required by law. This authorization is valid as long as the person is a director, teacher, assistant teacher, support staff, household member, substitute, volunteer and/or helper for the child care facility and address named above, unless this authorization is revoked in writing.

**\*\*\*\*\* INCOMPLETE RELEASES WILL NOT BE PROCESSED \*\*\*\*\***

<b>Print Applicant Current Name</b> (First, Middle, Last, Suffix (Jr/Sr/II/III)):		<b>Gender:</b> M    F	<b>Applicant Social Security Number:</b>
<b>Print Other Names</b> (Marriages/Maiden/Alias/Nicknames. If none write NONE):			<b>Applicant Date of Birth:</b>
<b>Applicant Signature</b>	<b>Date of Signature:</b>	<b>Printed Name and Signature of Parent/Guardian of Minor</b>	<b>Date:</b>

**ADDRESS HISTORY:** Provide 20 years of address history OR address history from age 13. Begin with current address, include Street, City, State, and Date moved to and away from each address (mm/yy - mm/yy):

**CHILDREN:** Full Names and Date of Birth of own children. If you have no children, write NONE.

DATES	STREET ADDRESS	CITY & STATE	FULL NAME	DOB
			<b>DHHS/CSL Office Use Only</b>	



### Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry                       Dependent Adult Abuse Registry                       Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address     Fax     Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last Christensen	First Ethel	Agency Name Boys & Girls Clubs of the Midlands	Telephone Number (402) 342.1600
Address 2610 Hamilton Street			Fax Number (402) 345.3154
City Omaha	State NE	Zip Code 68131	Email echristensen@bgcomaha.org
List the name and address of the person whose information is being requested:			
Name (last, first, middle)		Birth Date	Social Security Number
Address	City	County	State      Zip Code
List maiden name, previous married names, and any alias:			
What is the purpose of your request for child or dependent adult abuse information? Employment at a Child Serving Agency.			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requestor			Date

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.