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VOP Evaluation of Criminal History

Volunteer Ombudsman Applicant: _____

Date: _____

Relevance of the finding to the position sought

Time since the arrest or conviction

Age of the applicant at the time of the offense

Seriousness and specific circumstances of the offense

Number of offenses _____

Whether the applicant has pending charges _____

Any relevant evidence of rehabilitation or lack thereof

Any other relevant information, including information submitted by the candidate, or requested by the Program

After reviewing the details of this offense, our program staff has determined that this finding

Will **Will not** affect the applicant's ability to serve as a Volunteer Ombudsman.

Based on this determination, we have chosen to **retain** **reject** *this Volunteer Ombudsman applicant.*

Volunteer Ombudsman Program Coordinator Signature

Date