INNOCENCE PROJECT OF IOWA
Interest Form for Volunteer Academics

The Innocence Project of Iowa seeks academic professionals to assist in its mission of preventing and remedying wrongful convictions. Experience with the criminal justice system is helpful but not required. Submission of this form is only an indication of your interest in volunteering with the Innocence Project of Iowa. Submitting this form is not a commitment to volunteer.

Contact Information
Full name: ________________________________________________
Address: __________________________________________________________________________
City, state, and zip code: _____________________________________________________________
Primary phone no.: ___________________ Secondary phone no.: ________________________
Fax number: ___________________ E-mail address: ________________________________

Education Background
Undergraduate institution: ___________________________ Major: __________ Year: ________
Graduate school: ___________________________ Degree: __________ Year: ________
Graduate school: ___________________________ Degree: __________ Year: ________

Experience
Current position and institution: _______________________________________________________________________
Previous appointments: _______________________________________________________________________
Please describe your relevant area(s) of expertise:
__________________________________________________________________________________________
__________________________________________________________________________________________

Please list the courses you typically teach:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please list any relevant certifications or licensures:
__________________________________________________________________________________________
__________________________________________________________________________________________
Please describe experience with the criminal justice system, including expert testimony:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Volunteer Interest
What skills or expertise can you offer to the Innocence Project of Iowa?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Would you seek to involve students in the work of the Project? If so, how?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there any additional information you would like us to know about you?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any questions you would like us to answer?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________________ Date: ___________________

Please return this completed form to:

Innocence Project of Iowa
Attn: Volunteer Coordinator
P.O. Box 93
Estherville, Iowa 51334