



PRE-SERVICE BACKGROUND SCREENING QUESTIONNAIRE AND RELEASE
(to be completed before VOLUNTEER service begins)

Legal Name:

First Middle Last

Previous name, if any:

First Middle Last Dates Used City State

NOTE: PLEASE PROVIDE HOME ADDRESSES FOR THE PAST TEN (10) YEARS; ATTACH AN ADDITIONAL SHEET IF NEEDED.

Current Home Address:

Street Address

City County State Zip #years

Previous Home Address:

Street Address

City County State Zip # years

Date of Birth: _____ Social Security Number: _____

OR: I certify that I do not have a Social Security Number with my initials _____

Daytime Phone number: _____ Evening Phone number: _____

Email address: _____

Do you have a valid Driver's License? Yes ___ No ___ State _____ DL number: _____

1. MISCONDUCT QUESTIONS (Answer each question completely. Attach additional sheets where necessary.)

a. Have you ever pled guilty or been convicted of sexual abuse, physical abuse, criminal sexual misconduct, other types of abuse, fraud, financial misconduct, or any other crime (except minor traffic offenses)?

_____ Yes _____ No

If yes, when and please explain in detail: _____

- b. Has any civil or criminal complaint been made or investigation been conducted because of allegations that you engaged in physical abuse, sexual abuse, sexual harassment, sexual exploitation, fraud or financial misconduct?
_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

- c. Have you ever resigned from a job or been discharged by a previous employer for reasons relating to allegations that you engaged in physical abuse, sexual abuse, sexual harassment, sexual exploitation, fraud or financial misconduct? _____ Yes _____ No

If yes, when and please explain in detail: _____

2. VOLUNTEER POSITIONS REQUIRING ADDITIONAL CHECKS

- a. If your position involves driving, do you authorize a Driver's License Check and have you completed FORM 7: DRIVER'S INFORMATION FORM?

(Initial) _____ Yes _____ No _____ N/A

- b. If your position involves financial affairs or handling money, do you authorize a Credit Check?

(Initial) _____ Yes _____ No _____ N/A

3. PREVIOUS BACKGROUND CHECK

Have you ever had a background check completed by the Archdiocese of St. Paul & Minneapolis, or a Catholic school or parish within the Archdiocese? _____ Yes _____ No

If yes, please indicate the location where you completed a background check (site name and city):

4. VERIFICATION, AUTHORIZATION AND RELEASE

I, _____, verify that I have answered the above questions completely and truthfully, to the best of my knowledge. I understand that any misrepresentation or omission is grounds for rejection of my application or dismissal from the volunteer position for ST. PASCAL BAYLON CHURCH AND SCHOOL, hereinafter referred to as "The Organization."

I understand and acknowledge that applications for certain volunteer positions require a personal and professional background check, and I agree to execute any and all forms required to authorize and conduct such checks.

I also understand that service is contingent upon an acceptable background check and criminal history investigation and report. I understand I will be notified if my service is terminated or denied based on the results of a background check investigation or report.

I authorize The Organization and/or The Archdiocese of Saint Paul and Minneapolis, by and through its Contracted Agents, to perform an investigation into my background and criminal history prior to and periodically during my volunteer service. If selected to serve, this authorization is valid for the duration of my service.

I hereby release the Organization, the Archdiocese of Saint Paul and Minneapolis, and its Contracted Agents from any and all liability arising from the preparation of a background report or the investigation relating thereto to the full extent permitted by law. I have read and understood this authorization and release and I am signing below voluntarily of my own free will.

Signature of applicant

Date