



VOLUNTEER PRE-SERVICE APPLICANT RELEASE STATEMENT

This document is to be completed by applicants for certain volunteer positions. The positions that are subject to background checks have been determined by _____. This release is required to assess the volunteer's fitness for service. The background check process is used to help the churches, schools, and organizations within the Archdiocese of Saint Paul and Minneapolis provide a safe and secure environment for children, youth, young adults, and vulnerable adults who participate in our programs and use our facilities.

I, _____, hereby authorize _____ and/or The McDowell Agency, Inc. to make an independent investigation of state and county criminal records for any evidence of convictions, social security records for a listing of employment and residence locations and the sexual offender database and of my Consumer (Credit) Report and/or my Driver's Record if checked (by the parish/school/institution) and initialed (by the volunteer) below.

Consumer (Credit) Report _____ Driving Record _____

I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release such information without restriction or qualification to _____ and/or The McDowell Agency, Inc. I hereby release _____ and The McDowell Agency, Inc. from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application form, may be grounds for refusal enlist my services and negate any present or future volunteer or employment possibilities with this, or any other organization affiliated with the Archdiocese of Saint Paul and Minneapolis. Furthermore, I understand that any offer that has been made to me for the use of my volunteer services with _____ is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from volunteering at _____ and that any offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential by _____. I understand that this release is valid for the duration of my service and that _____ or The McDowell Agency, Inc. (at _____'s request) may choose to investigate my background at any time during the term of my service.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

- 1. Print Name _____
- 2. Social Security Number _____ - _____ - _____
- 3. Date of Birth ____/____/____

Signed _____

Date ____/____/____

Signed

Date



VOLUNTEER QUESTIONNAIRE AND RELEASE

Name: _____
Last First Middle

Address: _____

City State Zip
Business Phone: _____ Home Phone: _____

Volunteer Position: _____

All information submitted on this form is considered confidential and will be used only for the purpose of screening for volunteer positions.

Thank you for your interest in volunteering at St. John the Baptist Church & School. We appreciate your willingness to work with our minors or vulnerable adults. We know that as a volunteer you have the highest concern for those to whom you are ministering. In order to protect our most vulnerable parishioners, as well as our volunteers, we ask that all volunteers in positions involving minors or vulnerable adults answer the following questions.

- 1. How long have you been associated with St. John the Baptist Church & School
- 2. If you have been associated with St. John the Baptist Church & School less than five years, list names and addresses of other churches you have attended.

- 3. Are you over 18 years of age? (circle one) Yes No
- 4. Do you have family members who participate in the program for which you are volunteering? (circle one) Yes No
- 5. Please list any gifts, training, education, volunteer experience, or other factors that have prepared you for work with minors or vulnerable adults. _____

6. If your position involves driving, have you completed FORM 7: DRIVER'S INFORMATION FORM? (circle one) Yes No N/A

7. I have received, read, and understood a volunteer position description for this ministry, read and signed the Volunteer Code of Conduct, and read and understood the St. John the Baptist Church & School Harassment Policy. (circle one) Yes No

The information provided on this form is correct to the best of my knowledge. I understand that not answering the above questions truthfully is grounds for not being considered for a volunteer position.

I understand that in signing this document, I authorize verification of this information through communication with any person or organization noted herein. I release from liability St. John the Baptist Church & School as well as any person or organization which provides such information.

I understand that policies are in place to ensure a safe environment for all participants and volunteers and I will do my best to follow the policies closely.

Signature _____ Date _____



123B.03 and the Minnesota Predatory Offender Registry
INFORMED CONSENT

The following named individual has made application for employment or volunteer service with an organization, St. John the Baptist Church & School, which utilizes The McDowell Agency to run criminal background checks

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The McDowell Agency and to (insert name of parish/school) pursuant to Minnesota State Statute 123B.03 for the purpose of employment or volunteer service at the organization named above which utilizes the services of The McDowell Agency.

This release is valid for one year from the date of my signature.

Signature of Applicant _____ **Date** _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to The McDowell Agency and to St. John the Baptist Church & School any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and The McDowell Agency and the St. John the Baptist Church & School from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This release is valid for one year from the date of my signature.

Signature of Applicant _____ **Date** _____



**WARNING PURSUANT TO MINNESOTA STATUTES
§13.04, SUBD. 2 (TENNESSEN WARNING)**

In accordance with the Minnesota Government Data Practices Act, an individual asked to supply private or confidential data concerning the individual must be informed of the individual's rights as they pertain to the private or confidential information to be collected from the individual. Private data is that information which is available to you, but not to the public.

The information collected from you, or from other agencies or individuals authorized by you, is used to determine whether to hire you or otherwise allow you to provide a service to us.

You are not required to provide this information; however, under Minnesota Statutes Section 123B.03, or Section 299C.62 or the Procedures for Employee Background Checks or Volunteer Background Checks developed by the Archdiocese of Saint Paul and Minneapolis, if you do not supply the required information, you will not be considered for employment, your employment may be terminated based on the result of the background check or you may not be allowed to provide a service to us.

The use of the private data collected is limited to that necessary for the administration and management of our hiring process or our volunteer programs. Persons or agencies with whom this information may be shared include:

1. Human resources personnel;
2. Administration employees;
3. Officers, directors or department heads;
4. Archdiocesan officials.

Unless otherwise authorized by State Statute or Federal Law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the background check report or other private data maintained on you.
2. The right to be informed as to the content and meaning of that data.
3. The right to contest the accuracy and completeness of that data.

I have read and understand the above information regarding my rights as a subject of government data.

Date: _____

Signature of Applicant

A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.



States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Type of Business:	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation ,Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051



**Consumer Report/Investigative Consumer Report
Disclosure and Release of Information Authorization**

I authorize St. John the Baptist Church & School and **The McDowell Agency, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, education institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state, or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required, and I should direct my request to: **The McDowell Agency, Inc., 1714 University Avenue West, St. Paul, MN 55104. Phone 1-877-644-3880/651-644-3880.**

I acknowledge that I have received, read and understood the document "A Summary of Your Rights Under the Fair Credit Reporting Act."

If currently employed:

May my current employer may be contacted? (mark one and initial)

YES NO N/A Post Hire Only _____ Applicant's Initials

Are you applying for employment in California, Minnesota, or Oklahoma? YES NO

If so, would you like a copy of any Consumer Report prepared on you? YES NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment or the beginning of my volunteer service any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment or volunteer service. Further, I understand that by requesting this information, no promise of employment or volunteer position is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed or accepted as a volunteer by the above-named organization, this authorization will remain in effect throughout such employment or volunteer service.*

Signature

____/____/_____
Date



Legal Name: _____
First Middle Last

Previous name, if any: _____
First Middle Last Dates Used City, State Where Used

Date of Birth: _____ Social Security Number: _____ - _____ - _____

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

Current Home Address: _____
Street Address City County State Zip

Previous Home Address: _____
Street Address City County State Zip

Daytime Phone number: _____ Evening Phone number: _____

1. EMPLOYMENT RECORD (list current and previous employers for the last seven (7) years).

(If you have additional home or employment addresses for the past seven years, please attach an additional sheet)

a. Employed by: _____
Address: _____
Street Address City County State Zip

b. Employed by: _____
Address: _____
Street Address City County State Zip

c. Employed by: _____
Address: _____
Street Address City County State Zip

2. MISCONDUCT QUESTIONS (mark your answers to the following questions).

a. Have you ever been convicted of sexual abuse, other criminal sexual misconduct, physical abuse or any other crime?

_____ Yes _____ No

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

1. If yes, how was the complaint resolved? _____

c. Have you ever resigned from a former job, been laid off, or discharged by a previous employer for reasons relating to allegations that you engaged in physical abuse, sexual abuse, sexual harassment or sexual exploitation?

_____ Yes _____ No

d. Have you ever been required to obtain treatment, medical or psychological, because of allegations you engaged in abuse, harassment or exploitation of others? _____ Yes _____ No

3. VERIFICATION, AUTHORIZATION AND RELEASE

I, _____, verify that I have answered the above questions truthfully, to the best of my knowledge. I understand that failure to answer the above questions truthfully, to the best of my knowledge, is grounds for termination or denial of my volunteer services for *St. John the Baptist Church & School*, hereafter referred to as the "Organization".

I acknowledge that applications for certain volunteer positions require a background check, and I agree to execute any forms required to conduct such a search.

I authorize the Organization and The McDowell Agency, Inc and its Agents to perform an investigation into my background.

I also authorize the Organization and The McDowell Agency, Inc. and its Agents to investigate my Credit report and/or my Driver's Record if the applicable boxes, below, are marked (by the Organization) and initialed (by the volunteer).

Credit Report _____

Driver's Record _____

Initial Here, if Applicable

Initial Here, if Applicable

If accepted as a volunteer, this authorization is valid for the duration of my volunteer service.

I hereby release the Organization and The McDowell Agency from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law.

I understand that any volunteer service is contingent upon an acceptable background check report. I understand I will be notified if my volunteer service is terminated or denied based on the background check report.

Signature of applicant

Date



DRIVER'S INFORMATION FORM (This form needed only if you intend to drive)

Driver

Name _____

Parish/School where you are employed/volunteer: _____

Driver's License Expiration Date _____

Have you had any traffic violations in the last 7 years? Yes No (Circle One)

If Yes, explain _____

*Please present your driver's license with this form so that it may be copied and kept on file. The Driver's License Number will be blacked out to keep it confidential.

Vehicle

Name of Owner _____

Address of Owner _____

Year/Make/Model of Car _____

License plate # _____ Expires _____

Passenger Capacity _____ (There must be a useable seat belt for each occupant.)

Note: If more than one vehicle is to be used by this driver, this form must be filled out for each vehicle.

Insurance Information

Insurance Company _____

Policy # _____ Expires _____

Liability Limits of Policy* _____

*Please Note: Minimal, acceptable liability for privately owned vehicles is \$100,000/\$300,000.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a driver, I must be 21 years of age or older, hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport individuals.

Signature _____ Date _____