

**THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS
VOLUNTEER BACKGROUND CHECK QUESTIONNAIRE**
for all volunteers in a supervisory, leadership, chaperone,
teaching, care-giving or similar relationship with
MINORS OR VULNERABLE ADULTS

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 *Holy Name of Jesus* . We appreciate your willingness to work with our children, teens or vulnerable adults. We know that as a volunteer you have the highest concern for those whom you are ministering to. In order to protect our most vulnerable parishioners, as well as our volunteers, we ask that all volunteers in positions involving these groups to answer the following questions (Please circle your answer)

How long have you been a member of *Holy Name of Jesus* ?

If you have been a member of *Holy Name of Jesus* less than five years, list name and addresses of other churches you have attended.

Are you over 18 years of age? Yes No

Do you have family members that participate in the program you are volunteering for? Yes No

List any gifts, training, education, volunteer experience, or other factors that have prepared you for work with children, youth or vulnerable adults?

Have you ever been convicted of a crime of sexual abuse, physical abuse or other violation of the Criminal Sexual Code of Conduct? Yes No

If yes, give a short explanation of the crime on an attached sheet. (Please indicate the date, nature, and place of the crime, and where the conviction was recorded).

Has any civil or criminal complaint or investigation ever been filed against you alleging drug, alcohol, physical or sexual abuse or misconduct, sexual harassment or sexual exploitation? Yes No

If yes, give a short explanation of the complaint on an attached sheet. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint).

Have you ever resigned from a former job, been laid off, or discharged by a previous employer for reasons relating to allegations of drug, alcohol, physical or sexual abuse or misconduct, sexual harassment or sexual exploitation? Yes No

If yes, give a short explanation of the allegation on an attached sheet. (Please indicate the date, nature, and place of the allegations, the dispositions of the allegations, and your employer at the time (including your employer's name address, and telephone number)).

Have you ever received any medical treatment, physical or psychological, for reasons involving drug, alcohol, physical or sexual abuse or misconduct, sexual harassment or sexual exploitation? Yes No

If yes, give a short description of the treatment, including date(s), nature, and location(s) identifying the treating physician with name, address and telephone number on an attached sheet.

I have received read, and understood a volunteer position description for this ministry, Holy Name of Jesus Safe Environment policy, Fair Credit Reporting Act, and Volunteer Code of Conduct.. Yes No

If your position involves driving, have you completed a Driver's Information sheet? Yes No

The information provided on this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization herein. I release from liability any person or organization which provides such information, as well as _____ *Holy Name of Jesus* _____.

Signature _____
Date _____

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 Holy Name of Jesus. 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 the Church of Holy Name of Jesus 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 Credit Report and/or my Driver's Record if checked (by the parish/school/institution) and initialed (by the volunteer) at bottom of this page.**

I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release such information without restriction or qualification to the Holy Name of Jesus and/or The McDowell Agency, Inc. I hereby release Holy Name of Jesus and The McDowell Agency, Inc. from any liability arising from the preparation of this report or investigation relating thereto. 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 the Holy Name of Jesus 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 the Holy Name of Jesus 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 the Holy Name of Jesus. I understand that this release is valid for the duration of my service and that the Holy Name of Jesus or The McDowell Agency, Inc. (at the Pastoral Associate for Shared Ministry'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 ____/____/____

| | |
|--|---|
| 'Check' <i>Driving Record</i> below if you will be driving as part of your ministry. | Do not check unless asked to do so |
| <input type="checkbox"/> _____ <i>Diving Record</i> | <input type="checkbox"/> _____ <i>Credit Report</i> |
| Also fill out green <i>Drivers Information</i> | |

Volunteer Pre-Service Questionnaire

Please answer all questions. Failure to answer any questions or incomplete information on this form is grounds for immediate termination or disqualification from volunteering at the Holy Name of Jesus or any other entity affiliated with The Archdiocese of Saint Paul and Minneapolis.

PLEASE PRINT LEGIBLY

➤ 1) Legal Name: _____
First Middle Last

➤ Telephone number: _____

2) Date of Birth: ____/____/____ ➤ 3) Social Security Number: ____-____-____

➤ 4) Do you have a valid Drivers License? Yes No State _____ Number _____

5) Please list all addresses of residence/employment for the past seven years:

➤ _____
Current Home Address Street Apt City County State ZIP

➤ _____
Employer's Address Street Apt City County State

Use these lines for more addresses

Past Employment/or/Home Address Street Apt City County State
Circle one

Past Employment/or/Home Address Street Apt City County State
Circle one

Past Employment/or/Home Address Street Apt City County State
Circle one

➤ 6) Have you used any other names in the past seven years? Yes No

Name Used - Dates Used City State

Name Used - Dates Used City State

➤ 7) Have you ever been convicted of a crime? Yes No If yes, please complete 7A

➤ 7A) _____
Date Offense City County State

Date Offense City County State

If additional space is required please attach an additional sheet with the information required in 7A.

The above information is true and correct to the best of my knowledge. By signing below, I give the Holy Name of Jesus, The Archdiocese of Saint Paul and Minneapolis, The McDowell Agency, Inc. and their Agents permission to perform an investigation into my background. If accepted for enlistment as a volunteer with the Holy Name of Jesus this authorization is valid for the duration of my service.

➤ _____
Signed

Date


NOTICE & DISCLOSURE TO VOLUNTEER REGARDING THE OBTAINING OF A CONSUMER REPORT


In connection with your application for volunteering with the Holy Name of Jesus, we may obtain a consumer report on you as part of the process of considering your candidacy as a volunteer. In the event that any information obtained from the report is used in whole or in part in making an adverse decision with regard to your fitness for becoming a volunteer, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law (Summary of Your Rights).


Please also be advised that we may also obtain an investigative report including but not limited to information about your criminal record. Please be advised that you have the right to request in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.


The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the Summary of Rights provided to you at this time.

By your signature below, you hereby authorize us to obtain a consumer report about you in consideration for volunteering with the Holy Name of Jesus.

 Applicant's Name: _____
(Please Print)


 Applicant's Address: _____

 City/State/Zip Code: _____

 Social Security Number: _____

 **Signature:** _____

ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS ACKNOWLEDGEMENT OF RECEIPT

 Volunteer Name _____

I acknowledge receipt of a copy of the volunteer position description, risk management procedures, Volunteer Code of Conduct, Fair Credit Reporting Act, and the Safe Environment Policy of The Holy Name of Jesus. Each of these documents and their implications has been explained to me. I have read and understand them. I agree that if I do not understand any part of these documents I can seek clarification from the Pastoral Associate responsible for my volunteer ministry.

These documents are designed to serve as a working policy and thus are not all-inclusive. The policies and procedures contained in these documents supercede any and all prior policies, procedures, or past practices. I agree that The Holy Name of Jesus has the right to make changes to these policies at any time without prior notice.

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

 Signature _____ Date _____

Volunteer's Code of Conduct
Archdiocese of Saint Paul and Minneapolis

As a volunteer, I promise to follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children, youth and/or vulnerable adults of the Archdiocese of Saint Paul and Minneapolis.

As a volunteer, I will:

- Treat everyone I serve with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children, youth or vulnerable adults.
- Maintain confidentiality in all matters related to normal parish business.
- Comply with the mandatory reporting regulations of the State of Minnesota and with the Archdiocesan sexual abuse policies to report suspected child abuse. I understand that failure to report suspected child abuse to civil authorities is against the law.
- Cooperate fully in any investigation of abuse of children, youth or vulnerable adults.

As a volunteer, I will not:

- Touch or speak to a child, youth or vulnerable adult in a sexual or other inappropriate manner.
- Strike, spank,, shake, or slap children, youth or vulnerable adults.
- Humiliate, ridicule, threaten, or degrade children, youth or vulnerable adults.
- Accept or give gifts to children, youth, or vulnerable adults without the knowledge of their parents or guardians.
- Smoke or use tobacco products while engaging in volunteer activities with children, youth or vulnerable adults.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time while volunteering).
- Use profanity in the presence of children, youth or vulnerable adults.

I understand that as a volunteer working with children, youth, and/or vulnerable adults, I am subject to a thorough background check including criminal history.

My signature confirms that I have read this Code of Conduct and that as a volunteer ministering to children, youth and/or vulnerable adults I agree to follow these standards. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children, youth and/or vulnerable adults.

Volunteer's Printed Name _____

Volunteer's Signature _____ Date _____