

Volunteer History (Describe organization, duties, beginning and end dates, phone number and name of contact person.)

I agree to observe all of the Parish/School/Archdiocese guidelines and policies applicable to my volunteer service.

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. With regard to the verification of information process, I release from liability The Church/School of the Immaculate Conception and the Archdiocese of Saint Paul and Minneapolis, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, participants and volunteers, and I promise to faithfully follow all such policies.

Signature _____ Date _____

IMMACULATE CONCEPTION CHURCH AND SCHOOL
4030 Jackson Street NE
Columbia Heights, MN 55421

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

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: _____

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

1. EMPLOYMENT RECORD (list current and previous employers for the last ten (10) years.)
(If you have additional home or employment addresses for the past ten years, please attach an additional sheet.)

a. Employed by: _____
Address: _____
Street Address City County State Zip
Position or Job Title: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

b. Employed by: _____
Address: _____
Street Address City County State Zip
Position or Job Title: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

2. 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: _____

2. MISCONDUCT QUESTIONS (continued)

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: _____

3. 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

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 termination or denial of my volunteer services for The Church/School of the Immaculate Conception, 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

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, The Church/School of the Immaculate Conception 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: _____ **Sex (M or F):** _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The McDowell Agency and to The Church/School of the Immaculate Conception 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 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 Church/School of the Immaculate Conception 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

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4030 Jackson Street NE
Columbia Heights, MN 55421

Background check reports more than 2 years old may not be shared.

I, hereby authorize

[Please insert information for parish or school where background check report is currently on file]

Parish/School Name _____

Parish/School Address _____

Parish/School Phone Number _____

Parish/School Contact person _____

to furnish copies of all background check information received by it to

[Please insert information for the parish or school where you would like a copy of your background check report sent]

Parish/School Name _____

Parish/School Address _____

Parish/School Phone Number _____

Parish/School Contact Person _____

where I may also work as an employee or volunteer.

By my signature below, I reaffirm the release of liability I executed with regard to my previous background report and I further hold harmless the Parishes/Schools and the Archdiocese of Saint Paul and Minneapolis in connection with the sharing of my report authorized herein.

Printed name of employee or volunteer applicant _____

Signature of employee or volunteer applicant _____

Date _____

