

St. Hubert Catholic Community



PRE-SERVICE SCREENING AND RELEASE FOR VOLUNTEERS

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

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 (insert name of parish/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.

Date Signature of applicant



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. Hubert Catholic Community, 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 St. Hubert Catholic Community 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. Hubert Catholic Community 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. Hubert Catholic Community 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** _____

St. Hubert Catholic Community



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. Hubert Catholic Community. 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. Hubert Catholic Community?
2. If you have been associated with St. Hubert Catholic Community 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. Hubert Catholic Community 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. Hubert Catholic Community 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 _____