

SCREENING CONSENT and DISCLOSURE FORM

PLEASE PRINT

If necessary, please use additional paper to answer questions below

ENTITY: _____ ☐ Parish ☐ School

NAME: _____
First Middle Last

GENDER: ☐ Male ☐ Female HEIGHT: _____' _____" EYE COLOR: _____

RACE: ☐ Am. Indian/Alaskan Native ☐ Asian ☐ Black or African Am. ☐ Hispanic or Latino ☐ Pacific Islander ☐ White

OTHER (MAIDEN, SURNAME, ALIAS) NAME(S) USED: _____

CURRENT ADDRESS: _____

PRIOR ADDRESSES within the last 10 years: _____

PHONE #: _____ SS#: _____ DATE of BIRTH: _____

RELEASE AUTHORIZATION

1. In connection with my application and continuation as a ☐ Volunteer or ☐ Employee I understand the Entity named above (hereafter "Entity") or its designee will obtain information as to my possible criminal history, valid social security number and/or registration on any state's sex abuse registry from ☐ ADP Screening and Selection Services, 301 Remington St., Fort Collins, Co 80524 1-800-367-5933 or ☐ HireRight, 4500 S. 129th E. Avenue Suite 200, Tulsa, OK 74134-5885. 1-877-858-4165.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this Release Statement shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution or information service bureau contacted by the Entity or its designee, to furnish the information requested by the Entity or its designee. I understand that the Roman Catholic Diocese of Rockville Centre, New York (the "Diocese") provides administrative services to the Entity and, in such capacity, is an entity for the purposes of this Release Statement.
4. I understand that information obtained in the reports may be used by the Entity in making a continued volunteer or employment decision. I further understand that failure to consent to the release of reports detailing a possible criminal background and a social security number validation will render me ineligible for consideration and, if hired, for continuing my status as a volunteer or employee with the Entity.

I understand that the information requested above is the information required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that, to the extent such information is not public information, it is confidential and will not be used for any other purposes. I hereby release the Entity and the Diocese, and the Bishop thereof, and all of their employees and agents, and all persons, agencies, and entities providing information or reports about me, from any liability arising out of requests for or release of any of the above-mentioned information or reports.

SIGNATURE: _____ TODAY'S DATE: _____

THIS PAGE CONTAINS SENSITIVE INFORMATION TO BE KEPT ONLY IN SECURE FILES

AUTHORIZATION FOR BACKGROUND CHECKS

I instruct and authorize _____ Parish/School (the "Company") to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports.* I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will conduct the background check and prepare the background check report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933, or at www.adpselect.com.

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports, including investigative consumer reports and any consumer credit reports* (1) during my employment or time as a volunteer or independent contractor, as applicable, and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education.

*I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.

By signing below, I understand that I am agreeing to the terms contained in this document.

Please print your full legal name:

Last Name _____ First _____ Middle _____

Signature

____/____/____
Today's Date (Month/Day/Year)

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a background check on you.

First Name _____ Middle Name (required) _____ Last Name _____ Suffix _____

Email Address: _____

For Identification Purposes Only: Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years

Present Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Volunteer Service Request Form

Entity: _____

REQUEST

Please complete all this information, sign and date it. Please print.

Name _____ Home Phone #: _____
Last First Middle Cell Phone #: _____

Social Security Number: _____ Date of Birth _____

E-Mail Address: _____

Address _____
Street Location (Not PO Box)

For checking prior records, provide other names you have used: _____

Ministry or Ministries Requested: _____

How long have you been a member of our parish or school community? _____

Circle the days you can volunteer: M T W T F S S

List times you are available each day: _____

Have you previously volunteered for a church ministry? If YES, please list the date(s), parish or school name and location, and the ministry you performed.

List any training for church ministry you have received: _____

Have you ever been discharged from volunteering for any reason? ☐ Yes ☐ No

If Yes, please explain _____

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

If Yes, please explain _____

Do you currently use illegal drugs? ☐ Yes ☐ No

Are you aware of any situation that would affect your ability to serve as a volunteer? ☐ Yes ☐ No

If Yes, please explain _____

What level of education have you attained? ☐ <ES ☐ ES ☐ HS ☐ AA/AS ☐ BA/BS
☐ MA/ MS ☐ >MA/ MS

List foreign languages you know and indicate level of proficiency and fluency:

Speak: _____ Read: _____ Write: _____

What computer software do you know? _____

Typing _____ wpm Drivers License Type: ☐ Chauffeur ☐ Commercial ☐ Regular

Date

Signature of Volunteer

APPROVAL**FOR ADMINISTRATOR USE ONLY**Request to serve as a volunteer: ☐ Approved ☐ Denied_____
Approved MinistryVL _____
Dept. ID

Start Date ____/____/____ Supervisor _____

Conditions: _____

Request Approved by: _____

Signature

Date

Print Signer's Name and Title**PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST**

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge, and I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, which consists of the Code of Pastoral Conduct and the Volunteer's Code of Conduct, agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules and precepts of the entity I serve.

Date_____
Signature of Volunteer**FOR ADMINISTRATOR USE ONLY**☐ Screening Form Completed☐ Child Protection Policy Provided☐ Volunteer Entered into PayForce Database☐ Screening Registered

VIRTUS Training Scheduled: _____ VIRTUS Training Occurred: _____

Notes: _____