

VOLUNTEER APPLICATION*Complete before volunteer service begins.**Volunteers who will interact with minors and are over 18 years old must also complete a background check.*****This form is NOT to be used as an employment application****

I am applying to be a volunteer at _____
 (Name of Parish, School, or Archdiocesan Office) (City)

Legal Name: _____
 First Middle Last

Previous name, if any: _____
 First Middle Last

Preferred Phone Number: _____

Email Address: _____

Current Home Address: _____
 Street Address

 City County State ZIP Code

Date of Birth: _____
 MM/DD/YYYY

VOLUNTEER SERVICE RECORD**List prior volunteer experience (if any) within the previous 5 years. Attach additional sheets if needed.**

1. Organization: _____
 Name City State

Phone Number: _____ From (Mo. /Yr.) _____ to (Mo. /Yr.) _____

Volunteer Role: _____

2. Organization: _____
 Name City State

Phone Number: _____ From (Mo. /Yr.) _____ to (Mo. /Yr.) _____

Volunteer Role: _____

 Signature of Applicant

 Date

FOR OFFICE USE ONLY:

Completed Application received by _____ on _____ at _____
Initial mm/dd/yyyy Parish, School, or Archdiocesan Office City

Background Check was completed _____ online or _____ on a paper form.

BACKGROUND CHECK QUESTIONNAIRE AND RELEASE FORM (For Adults, age 18+)

I am authorizing _____ in _____ to conduct the following check(s):
 (Name of Parish, School, or Office) (City)

(Check all that apply) ☐ **Background Check** ☐ **Background Re-Check** ☐ **Credit Check** ☐ **Driver's Check**
 If you are ONLY requesting a Credit Check and/or Driver's Check, SKIP SECTION A.

Legal Name:

First Middle Last

Previous name, if any:

First Middle Last

Role: ___ Church Personnel (includes Employees at parish/school/office, parish/school leadership) ___ Volunteer ___ Clergy
 Preferred Phone Number: _____

Email Address: _____

Current Home Address: _____

Street Address

City County State ZIP Code

Have you lived outside of Minnesota for more than 12 months in the past 10 years? Yes ___ No ___

If yes, in which state(s) or country(countries) did you reside? _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____
 MM/DD/YYYY XXX XX XXXX

SECTION A. BACKGROUND CHECK AND BACKGROUND RE-CHECK

(SKIP THIS SECTION if you are ONLY requesting a Credit Check and/or Driver's Check. Complete this section ONLY if you are authorizing a Background Check or Background Re-Check.)

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, including how the matter was resolved: _____

- 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 volunteer service or been discharged by a previous employer or volunteer service 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: _____

SECTION A. continued....

(Complete this section only if you are authorizing a Background Check or Background Re-Check)

- d. Have you ever failed to report sexual abuse as required by law or policy? Please note that all volunteers in the Archdiocese are considered mandated reporters.

_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

- e. Has your employment ever been terminated or have you been disciplined for reasons relating to allegations of inappropriate conduct with minors, child abuse, or sexual misconduct of any kind?

_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

PREVIOUS BACKGROUND CHECK

Have you ever had a background check completed by a Catholic school or parish within the Archdiocese of Saint Paul and Minneapolis, or an office of the Archdiocese? _____ Yes _____ No

If yes, please indicate the location where you completed a background check:

(Name of Parish, School, or Archdiocesan Office)

(City)

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 rejection of my application or termination of employment or volunteer service.

I hereby release the Archdiocese of Saint Paul and Minneapolis, the Parish/School of the Archdiocese, 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 release and I am signing below voluntarily of my own free will.

I also understand that employment or volunteer service is contingent upon an acceptable background check and criminal history investigation and report. I understand I will be notified if my employment or volunteer service is terminated or denied based on the results of a background check investigation or report.

Signature of applicant

Date

SECTION B. CREDIT CHECK

(Complete this section only if you are authorizing a Credit Check.)

Have you been directed to handle \$250 or more in coin, cash, credit, or currency as part of your responsibilities?

_____ Yes _____ No
"Yes" authorizes a credit check

SECTION C. DRIVER'S CHECK

(Complete this section only if you have been told that you will drive on behalf of the parish/Catholic school/Archdiocesan office as part of your responsibilities and are authorizing a Driver's Check.)

**Please present your driver's license with this form. The Driver's License Number will be kept confidential.*

Driver Information

Name: _____
(Full name as it appears on Driver's License)

Driver's License #: _____ State: _____ Expiration Date: _____

Have you had any traffic violations in the last 7 years? ____ Yes ____ No

If Yes, explain: _____

Vehicle Information

** If more than one vehicle is to be used by the driver listed above, attach additional sheets with information for each vehicle.*

Name of Owner: _____

Address of Owner: _____

Year/Make/Model of Vehicle: _____

License plate # _____ Expiration Date (Month/Year): _____

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

Insurance Information

Insurance Company: _____

Policy # _____ Expiration Date (Month/Year): _____

Liability Limits of Policy* _____

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

AUTHORIZATION

I authorize the checks as indicated on Page 1. 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 _____

FOR PARISH/SCHOOL/OFFICE USE ONLY:

Completed form received by _____ on _____
First Name Last Name mm/dd/yyyy

at _____
Parish, School, or Archdiocesan Office City

Submitted to McDowell by _____ on _____
First Name Last Name mm/dd/yyyy

Background check results reviewed by _____ on _____
First Name Last Name mm/dd/yyyy

A copy of the background check results is permanently filed on site: _____ Initial

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

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 FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity theft and place a fraud alert in your file; or your file contains inaccurate information as a result of fraud; or you are on public assistance; or you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.
- **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).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore.

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.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB.	a. Consumer Financial Protection Bureau 1700 G Street, N.W., Washington, DC 0552 b. Federal Trade Commission Consumer Response Center c. 600 Pennsylvania Avenue, N.W., Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200, Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street, Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 0590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, SW, Washington DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission, Consumer Response Center 600 Pennsylvania Avenue NW, Washington, DC 20580 (877) 382-4357

Acknowledgement of the Summary of Rights under the Fair Credit Reporting Act

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

Signature

Date

Full name of applicant (First, Middle, Last) – *Please print legibly*

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

I authorize Immaculate Heart of Mary Church, Minnetonka 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 I 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 scope 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., 1101 North Snelling Ave, St. Paul, MN 55108. 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 be contacted? (mark one and initial)

☐ YES ☐ NO ☐ N/A ☐ 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 agree 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 MM / DD / YYYY

Full Name of Applicant (First, Middle, Last) - *Please Print Legibly*