



Volunteer Background Check Request

This section to be completed by the Location Representative (LR)

Location Code: 4102

Date of Request: _____ Requested by: _____ Name

Location: _____ Phone: _____

Address: _____ Parish / School _____ City: _____

I verify that the information provided below by the applicant matches state-issued ID. _____ Authorized LR Signature

Volunteer will will not work with minors 4x/year or more.

This section to be completed by the volunteer. (Print legibly and in black ink.)

The Archdiocese of Portland in Oregon may require volunteers in any Archdiocesan parish, school, or other activity to undergo a background check. Ordinarily, any person with an adult criminal conviction is not eligible to serve. For compelling reasons, upon an applicant's written request, an exception may be made. Each volunteer is responsible for notifying the Archdiocese of any change in background information that might render him/her ineligible for service. The Archdiocese reserves the right to decline the services of a volunteer or to request that an individual withdraw from volunteer service whenever, in the judgement of the Archdiocese, it is in the best interest of the Archdiocese to do so.

Volunteer Name: _____ First Name _____ Middle Name _____ Last Name _____

Volunteer Address: _____

City: _____ State: _____ Zip: _____ Ph: _____

Other names used and dates of name change (includemaiden name). _____ Email: _____

_____ Date(s): _____ _____ Date(s): _____

_____ Date(s): _____ _____ Date(s): _____

Birthdate: ____/____/____ Social Security #: ____ - ____ - ____

Driver's License #: _____ State Issued: _____ Male Female

If you have lived in a state other than Oregon in the past 10 years, please list the following information including the years in which you lived there. Please continue on the reverse side of this form if more room is needed.

State: _____ City: _____ County: _____ Years: _____ to _____

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State: _____ City: _____ County: _____ Years: _____ to _____

Have you ever been convicted of a criminal offense? Yes No

If yes, state offense, place, and date of conviction: _____

Have you ever been charged with a criminal offense involving children? Yes No

If yes, give details: _____

You may not begin volunteer service until background information has been received and evaluated and you have been authorized to serve as a volunteer.

My signature below certifies that all information I have provided in connection with this background check is true, accurate, and complete to the best of my knowledge and that I have read, understand, and consent to the attached authorization.

Applicant's Signature _____ Date _____

Authorization

I understand that, in connection with my volunteer application, a background investigation may be done that may include information regarding my driving record, court records (both civil and criminal), educational and professional credentials, and personal and professional references. This information may come from either public or private sources, and may contain information regarding my character, work habits, and/or other information relevant to volunteer service. All information obtained will be treated with a high degree of confidentiality.

I understand that, if I am approved for volunteer service by the Archdiocese of Portland in Oregon, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of the Archdiocese, such may be necessary.

I understand that the information I provide in connection with this volunteer application will not be used for any purpose other than determining my eligibility for volunteer service in an Archdiocesan parish, school, or other entity.

I hereby release and discharge to the extent permitted by law, the Archdiocese of Portland in Oregon (including its churches, schools, and other entities), its employees, any individual or agency obtaining information for the Archdiocese of Portland in Oregon, and any personal or professional references, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation.

I have read, understand, and consent to the above. I further authorize that a photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future.

Applicant's Signature

Date