

FOR INTERNAL PARISH USE ONLY

A Background Check on the following individual is being requested by:

PARISH #: _____ **PARISH NAME:** _____

CONTACT PERSON: _____ **PARISH CITY:** _____

Volunteer service will include (check all that apply): Working with minors Driving a motor vehicle Handling money

SETA Net Participant ID# (if available): _____

Catholic Archdiocese of Seattle
VOLUNTEER
Background Check Request

The Archdiocese of Seattle may require volunteers in any Archdiocesan parish, school, or other activity to undergo a background check. Each volunteer is responsible for notifying the Archdiocese of any changes in background information that might render him/her ineligible for service. The parish reserves the right to decline to accept the services of a volunteer or to request an individual to withdraw from volunteer service whenever, in the judgment of the Archdiocese, it is in the best interest of the Archdiocese to do so.

NAME: _____
Last Name First Name Middle Name

VOLUNTEER POSITION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

BIRTHDATE (*Must be over 18 yrs of age*): _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

STATE ISSUED: _____

Names and dates of name changes:	
<i>Name</i>	<i>Date</i>
<i>Name</i>	<i>Date</i>

If you have lived in a state other than Washington 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 been convicted of a criminal offense or incarcerated in the last 10 years? 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, please give details:

If you answered yes to either of the above questions, you may not begin volunteer service until background information has been received and evaluated, and you have been authorized to serve as a volunteer.

VOLUNTEER BACKGROUND CHECK AUTHORIZATION

I understand that, in connection with my volunteer application, a background investigation may be done that may include information regarding my driving records and court records (both civil and criminal.) This is consistent with Church teaching which promotes the dignity and sanctity of human life and asks that we all protect the vulnerable among us from harm and injury. This information may come from either public or private sources and may contain information regarding my character, experience, work habits, and/or other information relevant to volunteer service.

I understand that, if I am approved for volunteer service by the Archdiocese of Seattle, 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 hereby release and discharge to the extent permitted by law, the Archdiocese of Seattle (including its churches, schools, and other entities), its employees, any individual or agency obtaining information for the Archdiocese of Seattle, and any personal or professional reference, 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 a telephonic facsimile of this document shall be valid for all purposes present and future.

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.

Volunteer's Name (Please print)

Signature

Name of parish where I want to volunteer

City

Date

Type of volunteer work I want to do