



*Archdiocese of Saint Paul
and Minneapolis*

OFFICE OF THE ARCHBISHOP
MOST REVEREND JOHN C. NIENSTEDT

November 23, 2011

Dear Volunteer,

Thank you for all you do for your parish or school and for the Church!

The Archdiocese of Saint Paul and Minneapolis, along with dioceses across the country, has enacted policies to deal with the problem of sexual abuse. To help protect children, the bishops of the United States Conference of Catholic Bishops have mandated background checks for all volunteers who work with or have regular contact with minors. In this Archdiocese, volunteers who work with or have regular contact with vulnerable adults are also included in the mandated background check policy for volunteers.

Please know that all parish and school employees, regardless of their role, are also required to undergo background checks.

With this letter, you will be given forms which need to be filled out so that the background check may be completed. Any information you provide for this background check will be kept confidential by your parish or school.

I thank you again for your service to the church and for your help in protecting all God's children.

With every good wish, I am

Cordially yours in Christ,

The Most Reverend John C. Nienstedt
Archbishop of Saint Paul and Minneapolis

/dkt

Volunteer History (Describe organization, duties, beginning and end dates, phone number and name of contact person.)

I agree to observe all of the Parish/School/Archdiocese guidelines and policies applicable to my volunteer service.

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. With regard to the verification of information process, I release from liability Saint Ambrose of Woodbury and the Archdiocese of Saint Paul and Minneapolis, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, participants and volunteers, and I promise to faithfully follow all such policies.

Signature _____ Date _____

SAINT AMBROSE OF WOODBURY

PRE-SERVICE BACKGROUND SCREENING QUESTIONNAIRE AND RELEASE
(Please complete before VOLUNTEER service begins)

Legal Name: _____
First Middle Last

Previous name, if any: _____
First Middle Last Dates Used City State

Current Home Address: _____
Street Address

City County State Zip #years

Previous Home Address: _____
Street Address

City County State Zip # years

Date of Birth: _____ Social Security Number: _____
OR: I certify that I do not have a Social Security Number with my initials _____

Daytime Phone number: _____ Evening Phone number: _____

Do you have a valid Driver's License? Yes ___ No ___ State _____ DL number _____

1. EMPLOYMENT RECORD (list current and previous employers for the last ten (10) years.)
(If you have additional home or employment addresses for the past ten years, please attach an additional sheet.)

a. Employed by: _____
Address: _____
Street Address City County StateZ ip
Position or Job Title: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

b. Employed by: _____
Address: _____
Street Address City County StateZ ip
Position or Job Title: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

2. 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: _____

2. MISCONDUCT QUESTIONS (continued)

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 been discharged by a previous employer 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: _____

3. VOLUNTEER POSITIONS REQUIRING ADDITIONAL CHECKS

a. If your position involves driving, do you authorize a Driver's License Check and have you completed FORM 7: DRIVER'S INFORMATION FORM?

(Initial) Yes No N/A

b. If your position involves financial affairs or handling money, do you authorize a Credit Check?

(Initial) Yes No N/A

4. 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 termination or denial of my volunteer services for Saint Ambrose of Woodbury, hereinafter referred to as "The Organization."

I understand and acknowledge that applications for certain volunteer positions require a personal and professional background check, and I agree to execute any and all forms required to authorize and conduct such checks.

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

I authorize The Organization and/or The Archdiocese of Saint Paul and Minneapolis, by and through its Contracted Agents, to perform an investigation into my background and criminal history prior to and periodically during my volunteer service. If selected to serve, this authorization is valid for the duration of my service.

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

Signature of applicant

Date

SAINT AMBROSE OF WOODBURY]

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, Saint Ambrose of Woodbury, 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 Saint Ambrose of Woodbury 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 Saint Ambrose of Woodbury 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 Saint Ambrose of Woodbury 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** _____

**WARNING PURSUANT TO MINNESOTA STATUTES
§13.04, SUBD. 2 (TENNESSEN WARNING)**

In accordance with the Minnesota Government Data Practices Act, an individual asked to supply private or confidential data concerning the individual must be informed of the individual's rights as they pertain to the private or confidential information to be collected from the individual. Private data is that information which is available to you, but not to the public.

The information collected from you, or from other agencies or individuals authorized by you, is used to determine whether to hire you or otherwise allow you to provide a service to us.

You are not required to provide this information; however, under Minnesota Statutes Section 123B.03, or Section 299C.62 or the Procedures for Employee Background Checks or Volunteer Background Checks developed by the Archdiocese of Saint Paul and Minneapolis, if you do not supply the required information, you will not be considered for employment, your employment may be terminated based on the result of the background check or you may not be allowed to provide a service to us.

The use of the private data collected is limited to that necessary for the administration and management of our hiring process or our volunteer programs. Persons or agencies with whom this information may be shared include:

1. Human resources personnel;
2. Administration employees;
3. Officers, directors or department heads;
4. Archdiocesan officials.

Unless otherwise authorized by State Statute or Federal Law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the background check report or other private data maintained on you.
2. The right to be informed as to the content and meaning of that data.
3. The right to contest the accuracy and completeness of that data.

I have read and understand the above information regarding my rights as a subject of government data.

Date: _____

Signature of Applicant

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

I authorize Saint Ambrose of Woodbury 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 substance 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., 1714 University Avenue West, St. Paul, MN 55104. 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 am willing 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

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

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 the 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 20006.**

- **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 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;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- 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 1-888-567- 8688.

- **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:

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 Bureau:

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

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Bureau of Consumer Financial Protection
1700 G Street NW
Washington, DC 20006

b. Federal Trade Commission: Consumer Response Center -- FCRA
Washington, DC 20580
(877) 382-4357

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 Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW
Washington, DC 20590

Office of Proceedings, Surface Transportation Board
Department of Transportation
1925 K Street NW
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
406 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center -- FCRA
Washington, DC 20580
(877) 382-4357