

# CHURCH OF ST. JOSEPH THE WORKER

## PRE-SERVICE SCREENING AND RELEASE FOR VOLUNTEERS

Legal Name: \_\_\_\_\_  
First Middle Last

Previous name, if any: \_\_\_\_\_  
First Middle Last Dates Used City, State Where Used

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have a valid Driver's License? Yes \_\_\_ No \_\_\_ State \_\_\_ DL Number \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address City County State Zip

Previous Home Address: \_\_\_\_\_  
Street Address City County State Zip

Daytime Phone number: \_\_\_\_\_ Evening Phone number: \_\_\_\_\_

**1. EMPLOYMENT RECORD (list current and previous employers for the last seven (7) years).**  
(If you have additional home or employment addresses for the past seven years, please attach an additional sheet)

a. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City County State Zip

b. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City County State Zip

**2. MISCONDUCT QUESTIONS (mark your answers to the following questions).**

a. Have you ever been convicted of sexual abuse, other criminal sexual misconduct, physical abuse or any other crime?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

b. Has any civil or criminal complaint or investigation been conducted because of allegations that you engaged in physical abuse, sexual abuse, sexual harassment or sexual exploitation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
1. If yes, how was the complaint resolved? \_\_\_\_\_

c. Have you ever resigned from a former job, been laid off, or discharged by a previous employer for reasons relating to allegations that you engaged in physical abuse, sexual abuse, sexual harassment or sexual exploitation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

d. Have you ever been required to obtain treatment, medical or psychological, because of allegations you engaged in abuse, harassment or exploitation of others? \_\_\_\_\_ Yes \_\_\_\_\_ No

**3. VERIFICATION, AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, verify that I have answered the above questions truthfully, to the best of my knowledge. I understand that failure to answer the above questions truthfully, to the best of my knowledge, is grounds for termination or denial of my volunteer services for St. Joseph the Worker, hereafter referred to as the "Organization".

I acknowledge that applications for certain volunteer positions require a background check, and I agree to execute any forms required to conduct such a search.

I authorize the Organization and The McDowell Agency, Inc and its Agents to perform an investigation into my background.

I also authorize the Organization and The McDowell Agency, Inc. and its Agents to investigate my Credit report and/or my Driver's Record if the applicable boxes, below, are marked (by the Organization) and initialed (by the volunteer).

Credit Report \_\_\_\_\_  
Initial Here, if Applicable

Driver's Record \_\_\_\_\_  
Initial Here, if Applicable

If accepted as a volunteer, this authorization is valid for the duration of my volunteer service.

I hereby release the Organization and The McDowell Agency from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law.

I understand that any volunteer service is contingent upon an acceptable background check report. I understand I will be notified if my volunteer service is terminated or denied based on the background check report.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date