

**St. Thomas the Apostle**  
**2914 West 44<sup>th</sup> Street – Minneapolis, MN 55410**  
**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. Thomas the Apostle*, 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 \_\_\_\_\_  Driver’s Record \_\_\_\_\_  
Initial Here, if Applicable 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