



Catholic Schools Department
Archdiocese of Seattle

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 school (with city) where I want to volunteer

Date



Catholic Schools Department
Archdiocese of Seattle

Volunteer Background Check Request

All volunteer positions are contingent on the satisfactory results of the applicant's background investigation. Please complete the information below and submit this form with your application.

A background check is valid for three years from the date of clearance.

Current Information

Name: _____
(First) (Middle) (Last)

Address: _____

City/State/ZipCode: _____

Phone: _____

Date of Birth (mm/dd/yyyy): _____

Social Security Number: _____

Gender: Male Female

Driver's License Number: _____

State issued: _____

If you have ever changed names, list all previous names (First Middle Last)

Other residences

If, in the past 10 years, you have lived in a county other than your current county, please list the city and state in which you lived.

City _____ State _____

City _____ State _____

City _____ State _____

City _____ State _____

City _____ State _____

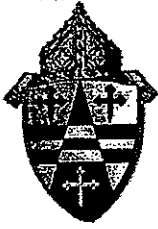
Criminal History

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:



Catholic Schools Department
Archdiocese of Seattle

Volunteer Application

Note: A background check must accompany this application. See the following two pages for the required forms.

Name: _____

Address: _____

Home Phone: _____ cell or work: _____

Email: _____ Religion: _____

Areas of strength (what I want to help with):

Areas I am not comfortable with:

Times and days available:

I commit myself to service to this school, and I agree to be bound by the principles, policies and procedures contained in the volunteer handbook.

Signature

date



ARCHDIOCESE OF SEATTLE
FIELD TRIP: DRIVER INFORMATION SHEET
(This form will be on file in the school office)

I. Driver:

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____ Phone #: _____

Driver's License #: _____ Expiration Date: _____

II. Vehicle that will be used:

Name of Owner: _____ Model of Vehicle: _____

Address of Owner: _____ Make of Vehicle: _____

City, State, Zip Code: _____ Year of Vehicle: _____

License Plate #: _____ Expiration Date: _____

Registration Expiration Date: _____

If more than one vehicle is to be used, the afore-mentioned information must be provided for each vehicle.

III. Insurance information:

Insurance Company: _____

Policy Number: _____

Policy Expiration Date: _____

Liability Limits of Policy:* _____

* Please note: The minimal, required liability limit for privately owned vehicles is \$100,000/\$300,000.

IV. Insurance information:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

(Signature)

(Date)

Reference: Procedure 2.50, Item B