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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|-----------------|---------------------------------------------------------|--|
| Name: (Last) (First) (Full Middle) (Maiden) (Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |              |                 | Parish/School and City (Required)                       |  |
| Residential Address: (include full address with City/State/Zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |                 | Telephone No.: (include area code)<br>(Required)<br>[H] |  |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |              |                 | [W]<br>[Cell]                                           |  |
| Date of Birth:* (Required) Month/Day/Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |              | Volunteer role: |                                                         |  |
| <p>Please answer the following questions. If you answer yes to either question, please proceed to the section on the back and sign the release section.</p> <p>Are you employed at any Diocesan location? Yes/No (Circle)<br/>If yes, name of location(s) _____<br/>Proceed to the "Release Section" on the back of this form.</p> <p>Are you a volunteer at any other parish/school location and have already completed the background screening process? Yes/ No (Circle) If yes, name of location _____<br/>Approximate date of screening _____. Proceed to the "Release Section" on the back of this form.</p> |  |              |                 |                                                         |  |
| <p>Have you ever been charged with, accused of, or convicted of child abuse or sexual abuse?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide explanation here or attach explanation.</p>                                                                                                                                                                                                                                                                                                                                                                                       |  |              |                 |                                                         |  |
| <p>Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, please give details here or attach explanation:</p>                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |                 |                                                         |  |
| <b>Personal reference:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |              |                 |                                                         |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Relationship | Phone           | Address                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |              |                 |                                                         |  |
| Date sent to CPS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |              |                 | ScreeningONE Date Entered _____                         |  |
| Notes: _____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |              |                 | Blue Flag Approved _____                                |  |

***VOLUNTEER CONSENT SECTION***

I, \_\_\_\_\_ hereby authorize the ***Catholic Diocese of Richmond*** and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteering with the Catholic Diocese of Richmond.

I release the ***Catholic Diocese of Richmond*** (the "Diocese") and its agents from any and all liability for any damages I may sustain as a result of my furnishing information to the Diocese or as a result of other persons or entities furnishing information to the Diocese in connection with screening and/or background checks.

\*If the Diocese determines I do not meet the background standards for volunteer work, I will be notified in writing. Also, I can receive a copy of the background report from ScreeningONE or other agencies that contained information used by the Diocese in making it's decision. I may challenge any adverse information disclosed by the background report. To obtain a copy of my report as provided by law, I may contact ScreeningONE by writing: ScreeningONEInc., 1860 N. Avenida Republica de Cuba, Tampa, FL 33605.

I agree that a copy or fax of this document shall be as valid as the original.

**The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:**

\_\_\_\_\_  
(Clearly Print Full Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for volunteering or employment. The ***Catholic Diocese of Richmond*** considers all applicants for positions without regard to race, color, national origin, age, marital or veteran status, handicap or medical condition, sex, sexual orientation, status, except where such is a bona fide occupational qualification for the position sought.