

DIOCESE OF CHARLESTON  
BACKGROUND SCREENING  
BASIC DATA FORM

Forms must be completed in their entirety to be processed.

For OCPS use: Tracking #: \_\_\_\_\_

**Diocesan Parish/School/Office Use Only:**

Parish/School/Office Location: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Maiden Name or Alias \_\_\_\_\_

Other Names Used \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address if different from above:

Home Telephone #: \_\_\_\_\_ P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Alternate #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Are you currently employed by or applying for employment with a diocesan school/parish/office?  Yes  No

What is the title of the position for which you are currently employed or are applying? \_\_\_\_\_

What are the job responsibilities of the position for which you are currently employed or are applying for (please be specific in your details)? \_\_\_\_\_

Are you currently volunteering or applying to volunteer with a diocesan school/parish/office?  Yes  No

What is the title of the position for which you are currently volunteering or applying to volunteer? \_\_\_\_\_

What are the job responsibilities of the position for which you are currently volunteering or are applying to volunteer for (please be specific in your details)? \_\_\_\_\_

**CRIMINAL HISTORY:** A Criminal Background Check and a DSS Sex Offender Registry Check is mandatory and will be performed on every individual submitting these forms. Number of years/months you have lived in South Carolina: \_\_\_\_\_

Please provide any previous addresses in which you have resided for the past five (5) years: \_\_\_\_\_

Please note: A Driver's History Report or a check of your Credit History will be processed only if driving or handling money is part of your duties. If so, you must complete the appropriate attached form.

**DIOCESE OF CHARLESTON  
EMPLOYEE/VOLUNTEER DRIVER APPLICATION FORM**

The volunteer or employment position for which I am applying:

Requires the operation of a motor vehicle with children as passengers:  Yes  No

Requires the operation of a motor vehicle without children as passengers:  Yes  No

An applicant will be restricted from operating a motor vehicle with children as passengers if the applicant has:

- two (2) or more moving violations within the past three (3) years - If only one (1) moving violation within the past three (3) years is discovered, you will be contacted to complete an online safe driving course before being cleared to drive
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

An applicant will be restricted from operating a motor vehicle as part of their job responsibilities if the applicant has:

- three (3) or more moving violations within the past five (5) years
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

If you do not meet the above criteria for driving, we encourage you to volunteer in one of our many other areas of need and reapply when your driving record meets these standards. If your job responsibilities require driving and you do not meet the criteria, please make your supervisor aware of this situation immediately. Please note: if as an employee or volunteer you are cleared to drive as part of your responsibilities and receive a moving violation at any time, you are required to report that information to the Diocesan Safe Environment Manager immediately.

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ (Please attach a copy of your license) State Issued: \_\_\_\_\_

Year, Make & Model of Vehicle: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

Liability Limits: \_\_\_\_\_

(Minimum Limits of \$100,000/\$300,000 required) PLEASE ATTACH COPY OF PROOF OF INSURANCE

Please be aware the driver's insurance is primary in any incident requiring a claim to be made.

**Certification**

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Diocesan ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that 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 I operate. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form #: 2011-02  
Revised: 02.09.12

**DIOCESE OF CHARLESTON  
CREDIT AUTHORIZATION FORM**

**CREDIT HISTORY:** Please note. A yes response will result in a credit history check.

1. Do you now or will your duties as an employee, include access to funds and/or financial decisions for a diocesan office, school and/or parish? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please explain: \_\_\_\_\_

2. Do you now or will your duties as a volunteer, include access to funds and/or financial decisions for a diocesan office, school and/or parish? \_\_\_\_ Yes. \_\_\_\_ No.

If yes, please explain: \_\_\_\_\_

If you answered yes to either of the above listed questions, please provide the requested information below and submit this form, along with the Basic Data Form and Department of Social Services Form to the Safe Environment Coordinator at your parish/school or the HR official handling your employment.

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Please print name

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
For use by the Safe Environment Coordinator/Pastor/Principal/HR official only

I authorized a credit check to be performed on this individual whose job/volunteer responsibilities include access to funds and /or the making of financial decisions.

Safe Environment Coordinator, Pastor, Principal, HR official name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled "Disclosure Regarding Background Investigation" and "A Summary of Your Rights under the Fair Credit Reporting Act" and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, or status as a volunteer or Advisor, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Reference Services, Inc. [101 Plaza East Blvd, Suite 300, Evansville, IN 47715, (800)881-0754, www.referenceservices.com] and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:**  
Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants only:**  
Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

## BACKGROUND INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Aliases Used \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Current Address - City, State, Zip \_\_\_\_\_

Previous Address - City, State Zip \_\_\_\_\_

Previous Address - City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Catholic Diocese of Charleston ("the Company") may obtain information about you from a third party consumer reporting agency for employment or volunteer purposes. This information may be obtained in the form of a "consumer report" and/or an "investigative consumer report" (commonly known as a "background report"). These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), credit history\*, verification of your education or employment history, or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about your character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that you have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (\*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.)

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report obtained with regard to applicants for employment or volunteer status is an investigation conducted by Reference Services, Inc. (RSI). RSI is located and can be contacted by mail at 101 Plaza East Blvd, Suite 300, Evansville, IN 47715, and RSI can be contacted by phone at (800)881-0754. Information about RSI's privacy policy is available at the following link: <http://www.referenceservices.com/wp-content/uploads/2013/09/RSI-Consumer-Information-Privacy-Policy.pdf>. The scope of this notice and authorization is all-encompassing and allows the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment or your volunteer/contract period to the extent permitted by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **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](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 the 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](http://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](http://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](http://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](http://www.consumerfinance.gov/learnmore).



## Diocesan Policy Regarding Confidentiality and Abiding by Catholic Principles

An employee/volunteer, in the course of his/her employment and/or activities on behalf of The Bishop of Charleston, a Corporation Sole, sometimes known as the Diocese of Charleston, or the Roman Catholic Church in South Carolina (herein "Diocese"), may have access to confidential matters including, but not limited to: business and financial records, information and plans; records, information, and plans of a parish and of parishioners (including, but not limited to, census, marriage, adoption, and divorce records and information); technical information; spiritual and sacramental information; medical, legal, psychological, and emotional information; personnel records and information; plans to acquire, sell, lease, or encumber real estate and/or other property or assets; asset valuation information; development plans and information; information received by or on behalf of the Diocese in confidence; non-published telephone numbers and other private contact information; and all other proprietary and/or personal information. The employee/volunteer must maintain the strictest confidence of all such information and related materials.

All such information shall be received and treated by the employee/volunteer as confidential, will be used only by the employee/volunteer for the limited purpose authorized by the Diocese, and will not be disclosed by the employee/volunteer to anyone not expressly authorized by the Diocese to receive such information.

Further, the employee/volunteer will not make any copies, record, notes, or the like, of any information or materials of, or disclosed to him/her by, the Diocese or remove any such information from their official workplace, except as required in the course of their work duties. The employee/volunteer shall immediately return all confidential information and materials, and all other requested information and materials, to the Diocese upon the earlier of: (a) the request of the Diocese; or (b) the termination of employment with or activities on behalf of the Diocese.

Further, the employee/volunteer, at all times during the course of his/her employment, will respect and support the mission of the Catholic Church. The employee/volunteer will exhibit personal integrity, honesty and compassion and make decisions in an ethical framework consistent with the Catholic Faith, the Code of Canon Law, and the financial, personnel and employment policies of the Diocese of Charleston.

In the event the employee/volunteer violates the terms of this Policy, the Diocese shall take such disciplinary action to include termination of employment or assistance, as the diocese deems appropriate.

WITNESS

Signed: \_\_\_\_\_

As to the Recipient

Date: \_\_\_\_\_

EMPLOYEE/VOLUNTEER

Signed: \_\_\_\_\_  
Print Name \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



DIOCESE OF CHARLESTON  
CODE OF CONDUCT AGREEMENT

I, the undersigned, understand that as a member of church personnel, any action of mine inconsistent with the *Code of Conduct for Church Personnel* or failure to take action mandated by the Code may result in removal from my position and/or termination of employment. My agreement to follow this Code of Conduct is acknowledged by virtue of my signature.

As a church personnel member, I will

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Avoid situations where I am alone with minors
- Use positive reinforcement rather than criticism or comparison when working with minors.
- Not accept expensive gifts from minors or their parents, without prior written approval from the parents and the pastor/administrator.
- Not give expensive gifts to minors without prior written approval from the parents and the pastor/administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and the local responsible agency (DSS or Police). I understand that if I am a mandated reporter as defined by SC law, failure to report suspected abuse to civil authorities can result in prosecution and fines.
- Cooperate fully in any investigation of abuse of minors.
- Not smoke or use tobacco products in the presence of minors in the performance of my duties.
- Not use, possess or be under the influence of alcohol at any time while serving in my capacity as church personnel.
- Not use, possess or be under the influence of any illegal drugs at any time.
- Not pose any health risk to minors.
- Not strike, spank, shake or slap any minor.
- Not humiliate, ridicule, threaten, or degrade any minor.
- Not touch a minor in a sexual or other inappropriate manner.
- Not use any discipline that frightens or humiliates minors.
- Not use profanity in the presence of minors.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Before signing the next page, please make sure you have gone to our web site and you have read “The Policy of the Diocese of Charleston, Concerning Allegations of Sexual Misconduct or Abuse of a minor by Church personnel” (2012). This can be found by going to “downloads” and then click on “Safe Environment Policy”**

**Please do not sign the Policy form without reading the Policy.**

**Thank you,**

**Mrs. Tully**

DIOCESE OF CHARLESTON

ACKNOWLEDGEMENT OF RECEIPT OF  
THE POLICY CONCERNING ALLEGATIONS  
OF SEXUAL ABUSE OR MISCONDUCT OF A MINOR  
BY CHURCH PERSONNEL (2012)  
AND OF  
THE CODE OF CONDUCT FOR CHURCH PERSONNEL

I, the undersigned, have fully read, understand and agree to abide by the *Policy Concerning Allegations of Sexual Abuse or Misconduct of a minor by Church personnel (2012)*<sup>1</sup> of the Diocese of Charleston.

I, the undersigned, have fully read, understand and agree to abide by the *Code of Conduct for Church personnel* of the Diocese of Charleston.

I understand that nothing in this Policy shall be deemed to constitute a contract of employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

<sup>1</sup> The *Policy of the Diocese of Charleston Concerning Allegations of Sexual Misconduct or Abuse of a minor by Church personnel (2012)* contains various rules, policies, and procedures. Many of the provisions are summaries of civil and Canon law. Such laws change from time to time. If there is a conflict in the rights and remedies between Canon law and civil law within this Policy, the Diocese of Charleston will apply that jurisprudence which reconciles the conflict. The Diocese of Charleston may find it necessary or advisable to alter this Policy from time to time. Therefore, the provisions of this Policy are subject to change by the Diocese of Charleston at any time, with or without previous notice.



# DIOCESE OF CHARLESTON

## Volunteer Application Form

*This form is to be completed, signed and returned to the Safe Environment Coordinator at the parish, school or agency at which you are to provide volunteer services. A copy of this completed form will be retained in a file on site*

Last Name      First      Middle			Last 4 Digits of SSN:	
			Date:	
Present Street Address		City	State	Zip
		Daytime Phone		
		Evening Phone		
Permanent Address (if different from present address)				Cell Phone No.:
				E-mail Address:
Have you ever volunteered for a Diocesan location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:				Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in VOLUNTEERING at <input type="checkbox"/> school: _____ <input type="checkbox"/> parish: _____ <input type="checkbox"/> agency: _____				
Interested in volunteering for <input type="checkbox"/> school activities <input type="checkbox"/> religious education <input type="checkbox"/> youth ministry <input type="checkbox"/> coaching <input type="checkbox"/> other _____				
I am available <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings <input type="checkbox"/> weekdays <input type="checkbox"/> weekends    Date available: _____				
<b>VOLUNTEER ACTIVITIES</b> Please list all present and former volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this form.				
Parish/Company/Organization Name			Phone:	From:      To:
Address			City, State Zip	
Duties/Responsibilities				
Parish/Company/Organization Name			Phone:	From:      To:
Address			City, State Zip	
Duties/Responsibilities				
Parish/Company/Organization Name			Phone:	From:      To:
Address			City, State Zip	
Duties/Responsibilities				

**REFERENCES**

Please provide 2 personal/professional references. If you have resided in this area for less than 2 years please provide at least one reference from your previous area of residence.

Name	City, State	
Phone	Relationship	Years Known
Name	City, State	
Phone	Relationship	Years Known

**IMPORTANT: PLEASE READ THIS**

You **must** complete questions I, II, III & IV *only if* the volunteer position(s) for which you are applying for will involve significant contact with children or other vulnerable individuals, i.e. elderly, mentally or emotionally handicapped, etc. Such positions include but are not limited to catechist, coaching, school volunteer, scout leader, youth minister, counseling, and maintenance.

I. Has a civil or a criminal complaint ever been filed against you that alleged **sexual misconduct or child abuse** by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)?  Yes  No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.*

II. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (e.g. elderly, mentally or emotionally handicapped, etc.)?  Yes  No *If yes, please provide the name, address, and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe your activities and/or duties. Attach a separate sheet if additional space is necessary.*

III. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relating to allegations of sexual misconduct or child abuse by you?  Yes  No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date, nature, and place of the occurrence(s) or allegations(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.*

IV. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?  Yes  No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.*

**IMPORTANT — Please read and sign below**

The information provided on this form is true, correct and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in termination of my services. I grant permission to check my background and references and release the **Diocese of Charleston** and Diocesan locations from any and all resultant liability.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This section is to be completed by Pastor, Principal or Agency Director only.***

The necessity of passing a state and federal criminal background check for positions involving significant contact with children or other vulnerable persons while providing volunteer services has been explained to this applicant. Acceptance of volunteer services is contingent upon the applicant successfully completing the state & federal criminal background check. References will be checked before accepting an applicant's volunteer services.

Signed applications are to be returned to the Safe Environment Coordinator at your parish or school.

Authorized Signature	Date	Name of Parish, School, Agency	Location Number	Telephone number
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# School Volunteer Driver Form

Year \_\_\_\_\_

Name: \_\_\_\_\_

Last,

First,

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_

Expiration: \_\_\_\_\_

**VEHICLE #1 INFORMATION:** (Field trip drivers: if more than one vehicle is to be used, please complete information for vehicle 1 and vehicle 2. Please note: the MINIMAL acceptable liability limit for privately owned vehicles is \$100,000/\$300,000 – Liability Limits for vehicle must be noted in space below)

Name of Owner: \_\_\_\_\_

Model of Vehicle: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Date of Policy Expiration: \_\_\_\_\_

Insurance Agent Name: \_\_\_\_\_

Agent Phone: \_\_\_\_\_

**VEHICLE #2 INFORMATION:**

Name of Owner: \_\_\_\_\_

Model of Vehicle: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Date of Policy Expiration: \_\_\_\_\_

Insurance Agent Name: \_\_\_\_\_

Agent Phone: \_\_\_\_\_

**CERTIFICATION:** 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 registration, and have the required insurance coverage in effect on any vehicle used. I also certify that within the past five years I have not been charged with or convicted of reckless driving or driving while intoxicated. I attest that I do not have any restrictions on my driver's license.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_