

ST. VINCENT  DE PAUL
CATHOLIC CHURCH

Dear Volunteer:

All of us at St. Vincent de Paul are very grateful to you for the volunteer services you will be providing in our parish.

The United States Catholic Bishops adopted policies dealing with the problem of sexual misconduct in the Catholic Church. Among those policies was a requirement for background check for volunteers who regularly work with, or come in contact with **minors** or **vulnerable adults**.

Along with this letter you will be given a **Volunteer Background Check Questionnaire** form to be filled out and a **Volunteer's Code of Conduct** to be signed and returned to my attention. All information will be kept confidential. Criminal background checks are subject to the Fair Credit Reporting Act. You are given a statement of your rights under this act. Please note the church is **not** doing a credit check.

Also, every volunteer will need to attend a **Virtus** training session that will be scheduled here and/or other parishes at different times during the year. To set up a time/date for training go to our web site under Protecting Gods Children on the home page or:

www.virtus.org

Click on the "Registration" link in the left-hand column

Select "St. Paul/Minneapolis (Archdiocese):" from the drop-down box

Participants will create their own "User ID" and "password"

Select St. Vincent de Paul, Brooklyn Park and choose a session

Please let us know **after** you have attended training with the date and location.

This is a costly endeavor for our parish. If you would like to help defray the cost of \$22.00 would be appreciated. Again, thank you for your many services to our parish and the Church.

Sincerely,

Kathleen Pomerleau
Volunteer Coordinator

Attachments

Summer/2014

Know and celebrate our Catholic Faith, Love God and our neighbor, Serve as disciples of Jesus Christ.

9100 93rd AVENUE NORTH, BROOKLYN PARK, MN 55445
PHONE: 763-425-2210 FAX: 763-425-7898 EMAIL: CHURCHINFO@SAINTVDP.ORG

ST. VINCENT  DE PAUL
CATHOLIC CHURCH

VOLUNTEER APPLICATION AND RELEASE

Name: _____
Last First Middle

Address: _____
Street Address

_____ City State Zip

Business Phone: _____ Home #: _____ Cell _____

Email: _____

Volunteer Position: _____

What interested you in this position? _____

Thank you for your interest in volunteering at St. Vincent de Paul. We appreciate your willingness to work with our minors and/or vulnerable adults. We know that as a volunteer you have the highest concern for those to whom you are ministering. In order to protect the most vulnerable among us, as well as our employees and volunteers, we ask that all volunteers in positions involving minors or vulnerable adults answer the following questions.

1. How long have you been associated with St. Vincent de Paul parish/school? _____
2. If you have been associated with St. Vincent de Paul parish less than five years, list names and addresses of other churches you have attended.

3. Are you age 18 or older? (circle one) Yes No

4. Do you have family members who participate in the program for which you are volunteering? (circle one) Yes No

5. Please list any gifts, training, education, or other factors that have prepared you for work with minors or vulnerable adults.

6. Please provide at least two professional/personal references we may contact.

a. Name: _____ Phone Number: _____

Relationship: _____

b. Name: _____ Phone Number: _____

Relationship: _____

7. Please describe prior volunteer experiences. (Attach additional sheets if needed.)

a. Organization: _____

Address: _____
Street Address City County State Zip

Supervisor: _____ Phone Number: _____

Volunteer Position: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

Duties: _____

b. Organization: _____

Address: _____
Street Address City County State Zip

Supervisor: _____ Phone Number: _____

Volunteer Position: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

Duties: _____

8. I have received, read, and understood a volunteer position description for this ministry, read and signed the Volunteer Code of Conduct, and read and understood the St. Vincent de Paul Harassment Policy.

(initial) _____ Yes _____ No

I agree to observe all of the Parish/School/Archdiocese guidelines and policies applicable to my volunteer service.

The information provided on this form is correct to the best of my knowledge. I understand that not answering the above questions truthfully is grounds for not being considered for a volunteer position.

I understand that in signing this document, I authorize verification of this information through communication with any person or organization noted herein. With regard to the verification of information process, I release from liability St. Vincent de Paul, and the Archdiocese of Saint Paul and Minneapolis, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, participants and volunteers, and I promise to faithfully follow all such policies.

Signature _____ Date _____

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PRE-SERVICE BACKGROUND SCREENING QUESTIONNAIRE AND RELEASE
(to be completed before VOLUNTEER service begins)

Legal Name:

First Middle Last

Previous name, if any:

First Middle Last Dates Used City State

NOTE: PLEASE PROVIDE HOME ADDRESSES FOR THE PAST TEN (10) YEARS; ATTACH AN ADDITIONAL SHEET IF NEEDED.

Current Home Address:

Street Address

City County State Zip #years

Previous Home Address:

Street Address

City County State Zip # years

Date of Birth: _____ Social Security Number: _____ - _____ - _____

OR: I certify that I do not have a Social Security Number with my initials _____

Daytime Phone number: _____ Evening Phone number: _____

Do you have a valid Driver's License? Yes ___ No ___ State _____ DL number: _____

All employees/volunteers are required to attend a Virtus training session ___ I Have Not ___ I Have Attended
If you have attended please specify when and where _____

1. MISCONDUCT QUESTIONS (Answer each question completely. Attach additional sheets where necessary.)

- a. Have you ever pled guilty or been convicted of sexual abuse, physical abuse, criminal sexual misconduct, other types of abuse, fraud, financial misconduct, or any other crime (except minor traffic offenses)?
_____ Yes _____ No

If yes, when and please explain in detail: _____

- b. Has any civil or criminal complaint been made or investigation been conducted because of allegations that you engaged in physical abuse, sexual abuse, sexual harassment, sexual exploitation, fraud or financial misconduct?
_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

1. MISCONDUCT QUESTIONS (continued)

- c. Have you ever resigned from a job or been discharged by a previous employer for reasons relating to allegations that you engaged in physical abuse, sexual abuse, sexual harassment, sexual exploitation, fraud or financial misconduct?
 Yes No

If yes, when and please explain in detail: _____

2. VOLUNTEER POSITIONS REQUIRING ADDITIONAL CHECKS

- a. If your position involves driving, do you authorize a Driver’s License Check and have you completed FORM 7: DRIVER’S INFORMATION FORM?

(Initial) Yes No N/A

- b. If your position involves financial affairs or handling money, do you authorize a Credit Check?

(Initial) Yes No N/A

3. VERIFICATION, AUTHORIZATION AND RELEASE

I, _____, verify that I have answered the above questions completely and truthfully, to the best of my knowledge. I understand that any misrepresentation or omission is grounds for termination or denial of my volunteer services for St. Vincent de Paul, hereinafter referred to as “The Organization.”

I understand and acknowledge that applications for certain volunteer positions require a personal and professional background check, and I agree to execute any and all forms required to authorize and conduct such checks.

I also understand that service is contingent upon an acceptable background check and criminal history investigation and report. I understand I will be notified if my service is terminated or denied based on the results of a background check investigation or report.

I authorize The Organization and/or The Archdiocese of Saint Paul and Minneapolis, by and through its Contracted Agents, to perform an investigation into my background and criminal history prior to and periodically during my volunteer service. If selected to serve, this authorization is valid for the duration of my service.

I hereby release the Organization, the Archdiocese of Saint Paul and Minneapolis, and its Contracted Agents from any and all liability arising from the preparation of a background report or the investigation relating thereto to the full extent permitted by law. I have read and understood this authorization and release and I am signing below voluntarily of my own free will.

Signature of applicant

Date

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WARNING PURSUANT TO MINNESOTA STATUTES

§13.04, SUBD.2 (TENNESSEN WARNING)

In accordance with the Minnesota Government Data Practices Act, an individual asked to supply private or confidential data concerning the individual must be informed of the individual's rights as they pertain to the private or confidential information to be collected from the individual. Private data is that information which is available to you, but not to the public.

The information collected from you, or from other agencies or individuals authorized by you, is used to determine whether to hire you or otherwise allow you to provide a service to us.

You are not required to provide this information; however, under Minnesota Statutes Section 123B.03, or Section 299C.62 or the Procedures for Employee Background Checks or Volunteer Background Checks developed by the Archdiocese of Saint Paul and Minneapolis, if you do not supply the required information, you will not be considered for employment, your employment may be terminated based on the result of the background check or you may not be allowed to provide a service to us.

The use of the private data collected is limited to that necessary for the administration and management of our hiring process or our volunteer programs. Persons or agencies with whom this information may be shared include:

- Human resources personnel;
- Officers, directors or department heads;
- Archdiocesan officials.

Unless otherwise authorized by State Statute or Federal Law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the background check report or other private data maintained on you.
2. The right to be informed as to the content and meaning of that data.
3. The right to contest the accuracy and completeness of that data.

I have read and understand the above information regarding my rights as a subject of government data.

Date

Signature of Applicant

Volunteering for: _____ Faith Formation _____ Nursery _____ Pastoral _____ School

Volunteer's Code of Conduct

For Volunteers within the Archdiocese of Saint Paul and Minneapolis

As a volunteer, I promise to follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to children, youth and/or vulnerable adults of the Archdiocese of Saint Paul and Minneapolis.

As a volunteer, I will:

- Treat everyone I serve with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children, youth or vulnerable adults.
- Maintain confidentiality in all matters related to normal parish business.
- Comply with the mandatory reporting regulations of the State of Minnesota and with the Archdiocesan sexual abuse policies to report suspected child abuse. I understand that failure to report suspected child abuse to civil authorities is against the law.
- Cooperate fully in any investigation of abuse of children, youth or vulnerable adults.

As a volunteer, I will not:

- Touch or speak to a child, youth or vulnerable adult in a sexual or other inappropriate manner.
- Strike, spank, shake or slap children, youth or vulnerable adults.
- Humiliate, ridicule, threaten, or degrade children, youth or vulnerable adults.
- Accept or give gifts to children, youth or vulnerable adults without knowledge of their parents or guardians.
- Smoke or use tobacco products while engaging in volunteer activities with children, youth or vulnerable adults.
- Use, possess, or show pornographic materials to children, youth, or vulnerable adults at any time while volunteering.
- Use, possess, or be under the influence of alcohol or illegal drugs at any time while volunteering.
- Use profanity in the presence of children, youth or vulnerable adults.

I understand that as a volunteer working with children, youth, and/or vulnerable adults, I am subject to a thorough criminal background check.

My signature confirms that I have read this Code of Conduct and that as a volunteer ministering to children, youth and/or vulnerable adults, I agree to follow these standards. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children, youth, and/or vulnerable adults.

Volunteer's Printed Name

Volunteer's Signature

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

- **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 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 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 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.
- **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.