



*"Jesus Christ is the same yesterday, today and forever."* Heb. 13:8

## Archdiocese of Saint Paul and Minneapolis

Office of the Archbishop

May 15, 2008

Dear Volunteer,

Thank you for all you do for your parish or school and for the Church!

The Archdiocese of Saint Paul and Minneapolis, along with dioceses across the country, has enacted policies to deal with the problem of sexual abuse. To help protect children, the United States Conference of Catholic Bishops has mandated background checks for all volunteers who come in contact with minors in Catholic parishes and schools.

Please know that all parish and school employees, regardless of their role, are also required to undergo background checks.

With this letter, you will be given forms which need to be filled out so that the background check may be completed. Any information you provide for this background check will be kept confidential by your parish or school.

I thank you again for your service to the Church and for your help in protecting all God's children.

Sincerely yours in Christ,

A handwritten signature in black ink, appearing to read "John Nienstedt".

Most Reverend John Nienstedt  
Archbishop of Saint Paul and Minneapolis

**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 the 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 the 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 be under the influence of alcohol or illegal drugs at any time while volunteering.
- Use, possess, or show pornographic materials to children, youth, or vulnerable adults 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 background check including criminal history.

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

St. Wenceslaus Catholic School

VOLUNTEER QUESTIONNAIRE AND RELEASE

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

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

City State Zip  
Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

All information submitted on this form is considered confidential and will be used only for the purpose of screening for volunteer positions.

Thank you for your interest in volunteering at St. Wenceslaus Catholic School. We appreciate your willingness to work with our minors 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 our most vulnerable parishioners, as well as our 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. Wenceslaus Catholic School
2. If you have been associated with St. Wenceslaus Catholic School less than five years, list names and addresses of other churches you have attended.

- 3. Are you over 18 years of age? (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, volunteer experience, or other factors that have prepared you for work with minors or vulnerable adults.

6. If your position involves driving, have you completed FORM 7: DRIVER'S INFORMATION FORM? (circle one) Yes No N/A

7. 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. Wenceslaus Catholic School Harassment Policy. (circle one) Yes No

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. I release from liability St. Wenceslaus Catholic School as well as any person or organization which provides such information.

I understand that policies are in place to ensure a safe environment for all participants and volunteers and I will do my best to follow the policies closely.

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



***St. Wenceslaus Catholic School***

**123B.03 and the Minnesota Predatory Offender Registry  
INFORMED CONSENT**

The following named individual has made application for employment or volunteer service with an organization, St. Wenceslaus Catholic School, which utilizes The McDowell Agency to run criminal background checks

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full) (please print):  
\_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_  
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The McDowell Agency and to St. Wenceslaus Catholic School pursuant to Minnesota State Statute 123B.03 for the purpose of employment or volunteer service at the organization named above which utilizes the services of The McDowell Agency.

This release is valid for one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to The McDowell Agency and to St. Wenceslaus Catholic School any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and The McDowell Agency and the St. Wenceslaus Catholic School from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This release is valid for one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**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:

1. Human resources personnel;
2. Administration employees;
3. Officers, directors or department heads;
4. 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

## A Summary of Your Rights Under the Fair Credit Reporting Act

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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 1-888-5-OPTOUT (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.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

Type of Business:	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation ,Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

**Consumer Report/Investigative Consumer Report  
Disclosure and Release of Information Authorization**

I authorize                     St. Wenceslaus Catholic School                     personnel, education institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state, or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required, and I should direct my request to: **The McDowell Agency, Inc., 1714 University Avenue West, St. Paul, MN 55104. Phone 1-877-644-3880/651-644-3880.**

I acknowledge that I have received, read and understood the document "A Summary of Your Rights Under the Fair Credit Reporting Act."

**If currently employed:**

**May my current employer be contacted? (mark one and initial)**

YES     NO     N/A     Post Hire Only    \_\_\_\_\_ Applicant's Initials

**Are you applying for employment in California, Minnesota, or Oklahoma?**     YES     NO

If so, would you like a copy of any Consumer Report prepared on you?     YES     NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment or the beginning of my volunteer service any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment or volunteer service. Further, I understand that by requesting this information, no promise of employment or volunteer position is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed or accepted as a volunteer by the above-named organization, this authorization will remain in effect throughout such employment or volunteer service.*

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Applicant (First, Middle, Last) Please Print Legibly



St. Wenceslaus Catholic School
PRE-SERVICE SCREENING AND RELEASE FOR VOLUNTEERS

Legal Name: \_\_\_\_\_
First Middle Last

Previous name(s), if any: \_\_\_\_\_
First Middle Last Dates Used City, State Where Used

(If you are using or have used more than two names, please attach an additional sheet listing those names)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If no Social Security Number is noted on line above, by initialing this line, I certify that I do not have a Social Security Number: \_\_\_\_\_

Do you have a valid Driver's License? Yes \_\_\_ No \_\_\_ State \_\_\_ DL Number \_\_\_\_\_

1. RESIDENCE RECORD (list current and previous home addresses for the last seven (7) years).

(If you have had more than two home addresses in the past seven years, please attach an additional sheet listing those addresses)

Current Home Address: \_\_\_\_\_
Street Address City County State Zip

Previous Home Address: \_\_\_\_\_
Street Address City County State Zip

Daytime Phone number: \_\_\_\_\_ Evening Phone number: \_\_\_\_\_ email address \_\_\_\_\_

2. EMPLOYMENT RECORD (list current and previous employers for the last seven (7) years).

(If you have had more than two places of employment in the past seven years, please attach an additional sheet listing those addresses)

a. Employed by: \_\_\_\_\_
Address: \_\_\_\_\_
Street Address City County State Zip

b. Employed by: \_\_\_\_\_
Address: \_\_\_\_\_
Street Address City County State Zip

3. MISCONDUCT QUESTIONS (mark your answers to the following questions).

a. Have you ever been convicted of sexual abuse, 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 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

4. 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. Wenceslaus Catholic School, hereafter referred to as the "Organization".

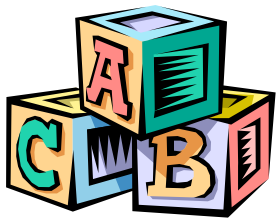
I acknowledge that applications for certain volunteer positions require a background check, and I agree to execute any forms required to conduct such a search.

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, the Archdiocese of Saint Paul and Minneapolis, 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 \_\_\_\_\_



## Little Spirit's Volunteer Background Study

Little Spirit's Preschool is licensed by the Minnesota Department of Human Services. The MDHS requires all staff members and volunteers pass a background study before they can volunteer/work in our preschool. If you would like to volunteer/work in the classroom please fill out the information below. In addition, all staff and volunteers must participate in the background check and Virtus Training done by the St. Paul and Minneapolis Archdiocese. The required Archdiocesan Volunteer packets can be picked up in the school office.

Please fill out the information below and sign and date. If you have any questions please contact Kim Doyle, Principal at 758-3133. Once your background study has been submitted you can sign up to volunteer in the classroom.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Gender**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip code**

\_\_\_\_\_  
**Phone**

**Previous Aliases/legal names**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Minnesota Drivers License #**

\_\_\_\_\_ I have completed the Archdiocesan background check requirements.

\_\_\_\_\_ I have not completed the Archdiocesan background check requirements. Please send a packet to me for completion.

\_\_\_\_\_ I have completed the Virtus Training.

\_\_\_\_\_ I have not completed the Virtus Training.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**