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| OFFICE USE ONLY  \_\_\_\_\_\_\_\_\_\_ Background check  \_\_\_\_\_\_\_\_\_\_Orientation |



Please return to:

The Food Bank @ St. Mary’s

611 – 20th Avenue South

Seattle, WA 98144

Phone: (206) 324-7100 x23

Fax: (206) 324-0050

Email: volunteer@thefbsm.org

Volunteer Application

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Address:** | | **Phone:** |
| **Email:** |
| **Employer/School:** | | |
| **Does your employer offer matching gifts for volunteer work?** \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_NO  \_\_\_\_\_\_\_\_\_\_ I don’t know, but I’ll check! | | |
| **Valid Driver’s License?**  \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_NO | **If yes:**  License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Any Health Limitations?** | Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Availability:** Please list times you prefer to work. Remember that you may change these hours at any time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mon | Tues | Wed | Thurs | Fri |
|  |  |  |  |  |

Total hours desired per week: \_\_\_\_\_\_\_\_\_\_\_

**In what capacity would you most like to volunteer? Please circle your preference.**

|  |  |
| --- | --- |
| **Walk-In Food Bank** | The Food Bank @ St. Mary’s is open to the public on Mondays, Wednesdays, and Fridays. We serve anyone in the city of Seattle who is in need of food. Volunteers are responsible for sorting, organizing, distributing food to clients, and various cleaning tasks. Shifts are available between 8am-3pm. |
| **Warehouse** | Warehouse volunteers help us sort and organize donations or complete other projects on Tuesdays andThursdays. Shifts are available between 8am-3pm. |
| **Home Delivery** | Our Home Delivery Program operates on Thursdays between 9:30am-3pm and serves homebound clients. Volunteers are responsible for delivering food to client homes using their own cars. All drivers must provide proof of insurance. |
| **Donation Pick Ups** | We pick up food donations from various donors Monday through Sunday in the mornings. Must have a personal vehicle along with a driver’s license and a proof of insurance. |

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| **Please check skills that apply to you:**   |  |  | | --- | --- | | **\_\_\_\_\_ Can lift 30 pounds without assistance** | **\_\_\_\_\_ Carpentry** | | **\_\_\_\_\_ Hospitality (good with people)** | **\_\_\_\_\_ Fundraising** | | **\_\_\_\_\_ Computer skills (typing, data entry)** | **\_\_\_\_\_ Event Planning** | | **\_\_\_\_\_ Writing** | **\_\_\_\_\_ Languages (please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_ Cooking** | **\_\_\_\_\_ Other skills (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_ Photography** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  | | --- | --- | --- | |  | |  | | **Please list two references (not related to you) that you’ve known for at least one year:**   |  |  |  | | --- | --- | --- | | **Name:** | **Phone or email:** | **Relationship:** | | **Name:** | **Phone or email:** | **Relationship:** |   How did you hear about The Food Bank @St. Mary’s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Why do you want to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Can you make a six month commitment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is this part of court-appointed community service? \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_ NO  If Yes: Number of hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deadline for completing hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you been convicted of a felony? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Answering yes does not necessarily disqualify you from volunteering.) If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. I agree and understand that I am responsible for my own medical coverage and I hold The Food Bank @ St. Mary’s harmless of medical liability. If I am 18 years of age or younger, I understand that I must have a parent’s or guardian’s permission to volunteer here. |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or guardian signature (if applicant is under 18) Date  **The FOOD BANK @ St. Mary’s Volunteer Food Bag Policy**  Volunteers who regularly work at The Food Bank @ St. Mary’s at least 2 hours per week may take groceries once per week, like any client, but do not have to stand in line. Because we serve over 1,200 households each week and our food supplies are limited, we ask that you take food only if you need it and to abide by the following rules:   1. All guidelines established for clients pertain to volunteers. If you are in need of food, you may go through the line **once** per week. You are welcome to eat the snacks on the break room table as well as the lunch that is prepared for volunteers each day. 2. Please collect groceries **only** on Monday, Wednesday, or Friday, after we close down the line; it is prohibited to shop while we are open for customers, or at any other time except those stated here. If you see somebody putting food aside while working, please remind them of our policy; if you are not comfortable confronting him/her, let a staff member know and we will speak with him/her. 3. If you volunteer on a day that we are not open to the public, you may come on any open day at 10 AM, show your ID at the computer, and go through the line without waiting. 4. If you want US Government Surplus Commodities, please check with a staff member for eligibility (east half of 98144 zip code) and, if eligible, you must fill out and sign the commodity contract (TEFAP).   If you are in need of additional short-term assistance, please speak with any member of the staff. Although our supplies are limited, we try to be flexible in meeting individual needs.   |  | | --- | | **GROCERIES ARE NOT TO BE USED AS A MEANS OF COMPENSATION FOR VOLUNTEER WORK PERFORMED AT FOOD BANK @ ST. MARY’S.** |   **Volunteer Grievance Procedure**  Any organization with a staff of more than one person is liable at times to handle a grievance. It is very important that each and every person working at the Food Bank @ St Mary’s understands the client grievance procedure as well as the volunteer grievance procedure. In order to prevent any unfair treatment, the following guidelines have been established:   1. Client grievance procedures are posted outside the building. Extra copies are available at the intake computer desk. 2. Volunteers are encouraged to use the open door policy seeking solutions to problems. We encourage suggestions and discretion when discussing problems. 3. Notify the Director, Bruce Wood, or the Operations Manager, Deep Singh, of the nature of the complaint.   **Volunteer Orientation Checklist**  Volunteer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Rules & Expectations. Please initial each statement.**   |  |  | | --- | --- | | \_\_\_\_\_ Be on time. Contact us if you cannot come in for shift | \_\_\_\_\_ Keep a drug-free environment | | \_\_\_\_\_ No Cell phone or ear gadget use while working. | \_\_\_\_\_ Maintain a safe and healthy environment | | \_\_\_\_\_ Sign in and out | \_\_\_\_\_ Maintain cleanliness (wash hands, wear gloves) | | \_\_\_\_\_ Report all accidents | \_\_\_\_\_ Know your limits (lift only what you can) | | \_\_\_\_\_ Be courteous to clients | \_\_\_\_\_ No using cell phones on floor | | \_\_\_\_\_ Follow our “No Smoking” policy | \_\_\_\_\_ Let staff know of health concerns | | \_\_\_\_\_ Wear closed toe shoes and dress for the weather | \_\_\_\_\_ Do not enter walk-in coolers unless approved |   **Food Bank @ St. Mary’s Food Bag Policy**  *I understand and agree with the following policies, which have all been explained to me:*  1. GROCERIES ARE NOT COMPENSATION FOR VOLUNTEER WORK.  2. All guidelines established for clients pertain to volunteers.  3. You may go through the line either 1) after we close to public, or 2) at 10AM on a Monday, Wednesday, or Friday that you do not volunteer.  4. Commodities are for the eastern half of the 98144 zip code.  **Grievance Procedure** 1. Client grievances posted on outside door.  2. Volunteers use open door policy.  3. Notify a staff member.  4. If unsatisfactory, notify the operations manager.  *Above all, we want a fair, cheerful, pleasant working environment for all volunteers. These guidelines allow many steps for your voice to be heard, but the most important thing to remember is to voice your concerns—maybe you have a great suggestion that will make things better for everyone. Please feel free to speak to a staff member.*  **I understand all the above information. I agree to adhere to the rules and expectations set forth by the Food Bank @ St Mary’s. In addition, I promise to be fair, ethical, and honest in the performances of my duties. I understand that failure to comply with these policies could result in my loss of volunteer privileges.**  Volunteer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **VOLUNTEER MEDICAL INFORMATION**  The Food Bank @ St. Mary’s carries a very small and limited insurance policy. It will only cover a small portion of any accident or injury after you have submitted or filed a medical claim. As a volunteer, you will have to use you own insurance coverage for any accident or injury you incur while serving as an active volunteer.  **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** **code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **In case of emergency, please call:**  **Contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone** (**home**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**work**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2nd Contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone** (**home**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**work**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Insurance Coverage**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of primary care physician**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Physician phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | I agree and understand that I am responsible for my own medical coverage and I HOLD THE FOOD BANK @ ST. MARY’S HARMLESS OF MEDICAL LIABILITY. All volunteers 18 years of age and younger must have a parent or guardian signature on this form. In the event of an emergency, we will contact your primary caregiver first, then contact the parent. |  |   **Volunteer signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent Signature (if under 18**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent phone** (**home**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**work**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **The Food Bank @ St. Mary’s**  **Confidentiality Agreement**  **Pledge of Confidentiality**  All client information, activities, conversations, and records must be kept strictly confidential. Any information concerning prospective, current, or past clients may not be released. This policy applies to all volunteers and Board of Director members of The Food Bank @ St. Mary’s  Client confidentiality applies at all times. A client’s right to confidentiality does not end when a client ceases receiving services. Therefore, the disclosure of any information regarding a former client is prohibited. Only the client may authorize release of information.  I agree that I will not reveal the identity, history, services received, or location of any client unless authorized by a director. I will not participate in any discussion pertaining to clients of The Food Bank @ St. Mary’s while off duty, and will discourage such discussion. When at The Food Bank @ St. Mary’s I will share information about clients only when vital to staff inquiries. I will respect the privacy of all volunteers of The Food Bank @ St. Mary’s by not disclosing their personal information to anyone without prior consent.  **I understand that breach of this agreement may result in my immediate dismissal.**  **Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  | | Account Information | | | |  |

**VOLUNTEER BACKGROUND CHECK REQUEST**

**Disclosure & Notice Statement**

**Pursuant to the Fair Credit Reporting Act**

In connection with your employment or volunteer application and for other employment or volunteer purposes, the Archdiocese of Seattle (the “Archdiocese”) may seek background information about you from a consumer reporting agency. This information will be in the form of consumer reports.

These reports may be obtained at any time after the Archdiocese receives authorization from you, including any time during the period of your employment if the Archdiocese hires you, or during any period in which you are a volunteer.

Consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your character, general reputation and other characteristics that is expected to be used for employment purposes or for determining whether you may become a volunteer. Consumer reports may include criminal records and driving records, among other resources.

Trak-1, our background check vendor, or another consumer reporting agency, will obtain the reports for the Archdiocese. Since these reports are being obtained from a third-party consumer reporting agency, the Archdiocese is complying with the requirements of the Fair Credit Reporting Act.

Date

|  |
| --- |
| Signature |
| Printed Name |

**VOLUNTEER BACKGROUND CHECK REQUEST**

*The Archdiocese of Seattle may require volunteers in any Archdiocesan parish, school, or other activity to undergo a criminal background check. Each volunteer is responsible for notifying the Archdiocese of any changes in background information*

*that might render him/her ineligible for service. The parish and Archdiocese of Seattle reserve the right to decline to accept the services of a volunteer or to request an individual to withdraw from volunteer service whenever, in the judgment of the Archdiocese, it is in the best interest of the Archdiocese to do so.*

*This information is for background check purposes only:*

EMAIL ADDRESS**\***:

NAME:

First Middle Last

GENDER (please circle): M / F DATE OF BIRTH: / /

MM DD YYYY

|  |  |
| --- | --- |
| HOME ADDRESS  CITY, STATE, ZIP | FORMER ADDRESS  CITY, STATE, ZIP |
| DRIVER'S LICENSE NUMBER | STATE ISSUED |

***\* Please note:*** *In the event that records are found, a copy of the report may be sent to the email address provided. Please do not use a communal email address or an email belonging to anyone you would not feel comfortable seeing the results.*

**Authorization to Obtain Consumer Reports under the Fair Credit Reporting Act**

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure* and this authorization. I certify that I understand the documents I have received.

I hereby authorize Archdiocese of Seattle (the “Archdiocese”) or its authorized agents, for employment or volunteer purposes, to obtain or prepare consumer reports at any time after it receives this authorization, including any time that I may be employed by or volunteer in the Archdiocese.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Trak-1, other consumer reporting agencies or the Archdiocese.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment or volunteer application or that I otherwise disclose during my employment or the period during which I am a volunteer may be used to obtain consumer reports.

Signature Date

Printed Name

**For Internal Use Only**: Parish/School ID #:

Parish/School Name:

City:

SETA Net ID #: