

Diocese of Portland, Maine

Volunteer Application

Parish/School/Facility _____ Town/City _____

Accommodations to enable all individuals to participate in the application process will be provided upon advance request.

Name: _____ Date of Birth: _____

Maiden Name: _____

Street address: _____ City: _____ State: _____ Zip: _____

How long at current address: _____

Phone: Home (____) _____ Work (____) _____

E-mail: _____

Location/Address of Volunteer Service: _____ Volunteer Position: _____

What Parish do you belong to? _____ For how long? _____

Do you have a Valid Driver's License? If so: State _____ Number _____

Check here _____ if you have had a criminal records check with one of the Diocese of Portland's Catholic schools in the past five years. Enter date of last certification: _____

Check here _____ if you have had a criminal records check with one of the Maine public schools in the past five years. Enter date of last certification: _____

(Note: Please attach a copy of your CHRC approval)

Please list all your addresses in the past five years: _____
2002) _____

Have you ever lived in a state other than Maine?
If yes, please list states/dates (Ex: Ohio 1998-

For what volunteer position are you applying?

What interests you about the volunteer position for which you are currently applying?

What has prepared you for the volunteer position for which you are currently applying?

Employment History

Dates of employment (Start with most recent)	Company name and address (City, State Zip)	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ____/____/____ Ended ____/____/____				
Started ____/____/____ Ended ____/____/____				
Started ____/____/____ Ended ____/____/____				

Revision Date: 08/15/06

Educational History (or * Special Experience or Special Talents)

Type of School	School name and address (City, State Zip)	Major/Degree	Did you graduate?	Number of Years Completed
High School				
College (Undergraduate)				
University (Graduate)				
Other				
* Other Special Experience or Special Talents:				

References

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family member				

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?
 Yes/No _____ If yes, please explain.

Revision Date: 08/15/06

Your willingness to share your faith, gifts and skills is appreciated. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this Volunteer Application is designed to help us provide the highest quality Catholic programs for the people of our community. **Please read each of the following statements carefully and initial each to indicate your understanding and agreement.**

_____ I hereby authorize the recipient of this Application, or its agent or designated vendor to conduct a personal and professional background and reference check. I hereby authorize such personnel to contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. Such individuals and organizations are authorized to release such information as may be requested. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application and, should I have already begun volunteer service, for termination of that service.

_____ I understand that a background check will be conducted in conjunction with my service and that I am subject to investigation at any time during my service. I hereby authorize Diocesan personnel, or their agent or designated vendor to, in their sole discretion, undertake such an investigation at any time during the course of my service. In the course of my service, these checks will include but are not limited to a comprehensive criminal history records check, a Department of Human Services check, a sex offender registry check, and driving record check in conjunction with my volunteer service.

_____ I agree to observe all Diocesan and Parish guidelines and policies governing my volunteer service.

_____ I understand that the Diocese and Parish have a "ZERO TOLERANCE FOR ABUSE" policy and take all allegations of abuse seriously. I further understand that they will cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults are grounds for immediate termination of my service and possible criminal prosecution.

_____ I understand that I can withdraw from the application process at any time.

After reading all of the terms of this Application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my volunteer service with the Diocese and the Parish is on an "at-will" basis, meaning that such may be permanently discontinued by either the Diocese or the Parish (through termination of my service) or myself (through voluntarily resigning) at any time without notice and without any recourse of any kind by either party. I agree to conform to Diocese or Parish rules and I also agree that I shall be subject to other conditions which the Diocese or Parish may adopt. I affirm that the information in this Application is true and complete, and any intentional deception herein may be considered sufficient cause for termination.

My signature below indicates that I have read and understand all of the above. **Do not sign until you have read, understood, and initialed your agreement to each of the above statements.**

Applicant Signature: _____ **Date:** ____/____/____

Revision Date: 08/15/06

Appendix B Acknowledgement Form

I, the undersigned, have read the Code of Ethics adopted by the Roman Catholic Diocese of Portland, effective 9/14/2016. I have had the opportunity to ask any questions and receive clarifications on the material contained therein. By checking the corresponding box, I voluntarily agree to abide by these policies and conduct myself in complete accordance with them.

- I will strive to exhibit the highest Christian ethical standards and personal integrity in my day-to-day work and personal life, supporting the teachings, disciplines and traditions of the Catholic Church.
- I will strive to conduct myself in a professional and respectful manner in both church and work environments, avoiding any flagrant or public misconduct.
- I will provide a professional work environment that is free from physical, psychological, sexual, written, or verbal abuse or harassment.
- I will respect the integrity of all individuals and protect the confidentiality and privacy of all information to which I have access.
- I will not take unfair advantage of a pastoral relationship for my own benefit.
- I will not physically, sexually, or emotionally abuse or harass anyone.
- I will not neglect a minor who is in my care.
- I will share concerns about inappropriate behavior by other Church Personnel with my pastor/parish coordinator, administrator, principal, or in cases where the behavior directly involves these people, with the Moderator of the Curia.
- I am mandated by law to report any suspected abuse or neglect of a minor or vulnerable adult as described in this Code of Ethics.

Please Print Name: _____

Date Signed _____ Position _____

Signature _____

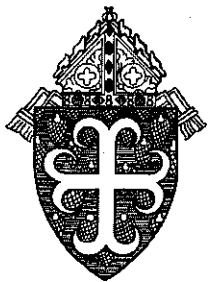
Place of Employment/Volunteering _____

City _____

Please return signed form to: Safe Environment Coordinator, Roman Catholic Diocese of Portland, 510 Ocean Avenue, Portland, ME 04103-4936. This form and more information can be found at:

www.portlanddiocese.org/protecting-gods-children

**Roman Catholic Diocese of Portland
BACKGROUND CHECK AUTHORIZATION**



I hereby authorize the Roman Catholic Diocese of Portland and its agents to conduct a comprehensive background check, including the preparation of a consumer report (as defined by the Fair Credit Reporting Act), in connection with my consideration for employment or service as a volunteer and at any time during the course of my employment or service as a volunteer.

I also have been notified that:

- (1) A consumer report will be requested which will include National Criminal History, National Sex Registry, and where appropriate, Bureau of Motor Vehicle reports.
- (2) Upon my request, I will be informed of the name and address of any consumer reporting agency that furnished any report.

I understand that the scope of this report will include verification of Social Security number (**Employees Only**), current and previous residences, employment history, education, criminal history, motor vehicle records and department of human services records. Except for positions with duties that require access to Diocesan funds, the Diocese will **NOT** obtain a credit report. In addition, in conformance with the Fair Credit Reporting Act, medical records will **NOT** fall within the scope of this report.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, in connection with the preparation of this report. In the event that I am offered a position prior to the completion of any consumer report, I understand that continued employment or volunteer status will be contingent upon whether the Diocese finds the results acceptable. Should the Diocese deem any of the information contained in the reports unacceptable, I realize my position may be subject to termination. Before adverse action based on the consumer report is taken, the Diocese of Portland will provide me with a copy of the report along with my rights under the Fair Credit Reporting Act.

I acknowledge that I have received, read, and understood the "Consumer Disclosure Use of Consumer Reports for Employment" and the "Summary of Your Rights Under the Fair Credit Reporting Act" _____ (**Initials**)

I understand all information assembled as a result of this background check will be treated as confidential and shared only with those who have a need to know in connection with hiring and engagement of volunteer services decisions.

I agree that a photocopy or facsimile of this Authorization shall be valid as the original.

Print Name: _____
(First) (Middle) (Last) (Maiden)

Former Name(s) and Date(s) Used: _____

Current Address Since: _____
(Mo./Yr.) (Street) (City) (State/Zip)

Date of Birth: _____

Telephone No.: _____

Signature: _____ Date: _____

Social Security # (**Employee Applicants Only**): _____

Para información en español, visite 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 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 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 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 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

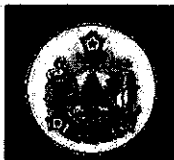
A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing

account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>



Child and Family Services
*An Office of the
 Department of Health and Human Services*

Paul R. LaPage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
 Child and Family Services
 2 Anthony Avenue
 11 State House Station
 Augusta, Maine 04333-0011
 Tel.: (207) 624-7900; Fax: (207) 287-5282
 TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
 MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: 975

Gerald Coutu
 Roman Catholic Diocese of Portland
 510 Ocean Avenue
 Portland, ME 04103-4936

I, _____, authorize the Maine Department of Health and Human Services to release
 (Please print clearly)
 confidential information to the above agency regarding whether I have been involved in a substantiated Maine
 Child Protective Services case and the nature of that involvement.

I understand that:

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS)

As of _____, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

 DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT →