

VOLUNTEER/APPLICANT RELEASE STATEMENT

This document is to be completed by applicants for certain volunteer positions. The positions that are subject to background checks have been determined by Church of the Risen Savior. This release is required to assess the volunteer's fitness for service. The background check process is used to help the churches, schools, and organizations within the Archdiocese of Saint Paul and Minneapolis provide a safe and secure environment for children, youth, young adults, and vulnerable adults who participate in our programs and use our facilities.

I, _____, hereby authorize Church of the Risen Savior and/or The McDowell Agency, Inc., to make an independent investigation of my background, references, character, past employment, credit, and/or any other records deemed necessary to assess my character and fitness for service. I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release such information without restriction or qualification to Church of the Risen Savior and The McDowell Agency, Inc. from any liability arising from the preparation of this report or investigation relating thereto. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application form may be grounds for refusal to enlist my services and negate any present or future volunteer or employment possibilities with this, or any other organization affiliated with the Archdiocese of Saint Paul and Minneapolis. Furthermore, I understand that any offer that has been made to me for the use of my volunteer services with Church of the Risen Savior is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from volunteering at Church of the Risen Savior and that any offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential by Church of the Risen Savior. I understand that this release is valid for the duration of my service and that Church of the Risen Savior or The McDowell Agency, Inc. (at Church of the Risen Savior's request) may choose to investigate my background at any time during the term of my service.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

1. Print Name _____

2. Social Security Number _____ - _____ - _____

3. Date of Birth ____/____/____

Signature _____ Date ____/____/____

(release for general volunteer background check)
updated 6/06