

**Application Form**

***Please print clearly and fill out entire application***

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M / F

Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Phone Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Are you willing to be on-call? Yes or No

**If you need a required amount of hours, list how many and reason why below:**

**Volunteer Positions (Check all you are willing to do)**

|  |  |  |  |
| --- | --- | --- | --- |
| **General**  □ St. Louise Thrift Store  □ Warehouse  □ St. Gianna’s Women’s Home  □ Gianna’s Java and Gelato  □ Sandwich Program  □ Homeless Outreach | **St. Joseph Center**  □ Food Pantry  □ Help with Groceries to vehicles  □ Visit with clients  □ Office/Clerical  □ Grounds/  Maintenance | **Refugee Program**  □ Transportation to appointments  □ Apartment Set-up  □ Friends of Refugees Program (Teaching English)  □ General Help in Any Category | **Guadalupe Center**  □ English Classes  □ GED Classes  □ Receptionist Help |

Restrictions, Interests, or Other Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT**

I, the undersigned applicant, do hereby authorize Diocese of Lincoln and Catholic Social Services, by and through its independent

Contractor, ScreeningOne 1-888-327-6511 1860 N. Avenida Republica de Cuba Tampa, FL 33605, to procure an investigative consumer report on me during the application process and at any time during the tenure of my volunteer services with Catholic Social Services. These above mentioned reports include, but are not limited to, personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to ScreeningOne, that is made within a reasonable time after the date hereof. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Diocese of Lincoln Catholic Bishop of Lincoln, and Catholic Social Services and through ScreeningOne, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency who compiled the information itself or received it from other sources, including alcohol and controlled substance information from previous employers.

I hereby release The Diocese of Lincoln Catholic Bishop of Lincoln and Catholic Social Services from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for assisting with the compilation or preparation of the investigative consumer report hereby authorized. **Disclaimer: Any persons under the natural Age of 19 who require parental signature to the validity of personal identification and/or authorization may be exempt from aforementioned screening check.**

**My signature attests that I answered all the above information to the best of my knowledge and ability.**

Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_