



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)

Guadalupe Center

- English Classes
- GED Classes
- Receptionist Help

General Help in Any Category

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 _____