



**ARCHDIOCESE
OF PORTLAND
IN OREGON**

**Volunteer Background
Check Request**

This section to be completed by the Location Representative (LR). Location Code: 4050

Date of Request: _____ Requested by: Lucy Shawn
(name)

Location: Sacred Heart School Phone: 503-792-4541
(Parish/School)

Address: PO Box 215 / 515 7th Street City: Gervais

I verify that the information provided below by the applicant matches state-issued ID. _____

Authorized LR Signature

Volunteer will will not work with minors 4x/year or more.

This section to be completed by the volunteer. (Print legibly and in black ink.)

The Archdiocese of Portland may require volunteers in any Archdiocesan parish, school, or other activity to undergo a background check. **Ordinarily, any person with an adult criminal conviction is not eligible to serve.** For compelling reasons, upon an applicant's written request, an exception may be made. Each volunteer is responsible for notifying the Archdiocese of any change in background information that might render him/her ineligible for service. The Archdiocese reserves the right to decline the services of a volunteer or to request that an individual withdraw from volunteer service whenever, in the judgment of the Archdiocese, it is in the best interest of the Archdiocese to do so.

Volunteer Name: _____
First Name Middle Name Last Name

Volunteer Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Other names used and dates of name change (include maiden name). Email: _____

_____ Date(s): _____ Date(s): _____

_____ Date(s): _____ Date(s): _____

Birthdate: _____ / _____ / _____ Social Security #: _____ - _____ - _____

Driver's License #: _____ State Issued: _____

If you have lived in a state other than Oregon in the past 10 years, please list the following information including the years in which you lived there. Please continue on the reverse side of this form if more room is need.

State: _____ City: _____ County: _____ Years: _____ to _____

State: _____ City: _____ County: _____ Years: _____ to _____

State: _____ City: _____ County: _____ Years: _____ to _____

Have you ever been convicted of a criminal offense? Yes No

If yes, state offense, place, and date of conviction: _____

Have you ever been charged with a criminal offense involving children? Yes No

If yes, give details: _____

You may not begin volunteer service until background information has been received and evaluated and you have been authorized to serve as a volunteer.

My signature below certifies that all information I have provided in connection with this background check is true, accurate, and complete to the best of my knowledge and that I have read, understand, and consent to the attached authorization.

Applicant's Signature Date