



# Volunteer Background Check Request

This section to be completed by the Location Representative (LR). Location Code: 4088

Date of Request: \_\_\_\_\_ Requested by: Fr. John Kerns, Pastor

Location: St. Juan Diego Catholic Church Phone: 503.644.1617

Address: 1280 NW Saltzman Road, Portland, OR 97229 City: \_\_\_\_\_

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

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

Authorized LR Signature

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

The Archdiocese of Portland in Oregon 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 judgement 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: \_\_\_\_\_ Ph: \_\_\_\_\_

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: \_\_\_\_\_  Male  Female

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 needed.

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