



Volunteer Background Check Form

PRE-SERVICE BACKGROUND SCREENING QUESTIONNAIRE AND RELEASE
(to be completed before VOLUNTEER service begins)

Legal Name:

First Middle Last

Previous name, if any:

First Middle Last Dates Used City State

Current Home Address:

Street Address

City County State Zip #years

Social Security Number: _____ - _____ - _____ DOB: _____

Daytime Phone number: _____ Evening Phone number: _____

Email address: _____

Do you have a valid Driver's License? Yes ___ No ___ State _____ DL number _____

1. EMPLOYMENT (List current employer.)

Employed by: _____

Address: _____
Street Address City County State Zip

Position or Job Title: _____ From (Mo. /Yr.) _____ To _____

Supervisor: _____ Phone Number: _____

2. MISCONDUCT QUESTIONS (Answer each question completely. Attach additional sheets where necessary.)

- a. Have you ever pled guilty or been convicted of sexual abuse, physical abuse, criminal sexual misconduct, other types of abuse, fraud, financial misconduct, or any other crime (except minor traffic offenses)?
_____ Yes _____ No

If yes, when, and please explain in detail: _____

b. Has any civil or criminal complaint been made or investigation been conducted because of allegations that you engaged in physical abuse, sexual abuse, sexual harassment, sexual exploitation, fraud or financial misconduct?
_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

c. Have you ever resigned from a job or been discharged by a previous employer for reasons relating to allegations that you engaged in physical abuse, sexual abuse, sexual harassment, sexual exploitation, fraud or financial misconduct?
_____ Yes _____ No

If yes, when, and please explain in detail: _____

3. VERIFICATION, AUTHORIZATION, CONSENT AND RELEASE

I, _____, verify that I have answered the above questions completely and truthfully, to the best of my knowledge. I understand that any misrepresentation or omission is grounds for progressive discipline up to and including termination of volunteer privileges.

I have previously completed a background check for my volunteer role. I understand and acknowledge that my volunteer organization requires periodic personal and professional background checks. I consent to such a background check, and I agree to execute any and all forms required to authorize and conduct such checks as requested.

I hereby authorize Partnership for Youth (the Volunteer Organization), by and through its Contracted Agents, to perform an investigation into my background and criminal history. This authorization and consent is valid for the duration of my volunteer assignment.

I hereby release Partnership for Youth (the Volunteer Organization), and its Contracted Agents from any and all liability arising from the preparation of a background report or the investigation relating thereto to the full extent permitted by law. I have read and understood this authorization and release and I am signing below voluntarily of my own free will.

I also understand that continued volunteering is contingent upon an acceptable background check and criminal history investigation and report. I understand I will be notified by my Volunteer Organization if the results of a background check investigation or report become grounds for restrictions or conditions upon my volunteering, or suspension or termination of my assignment.

Signature of applicant

Date



Volunteer Background Check Forms

123B.03 and the Minnesota Predatory Offender Registry
INFORMED CONSENT

The following named individual has made application for employment or volunteer service with an organization, PARTNERSHIP FOR YOUTH, which utilizes The McDowell Agency to run criminal background checks.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ Gender (M or F): _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The McDowell Agency and to PARTNERSHIP FOR YOUTH pursuant to Minnesota State Statute 123B.03 for the purpose of employment or volunteer service at the organization named above which utilizes the services of The McDowell Agency.

This release is valid for one year from the date of my signature.

Signature of Applicant _____ Date _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to The McDowell Agency and to PARTNERSHIP FOR YOUTH any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and The McDowell Agency and the PARTNERSHIP FOR YOUTH from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This release is valid for one year from the date of my signature.

Signature of Applicant _____ Date _____