



**SS. PETER AND PAUL CHURCH  
36 N. ELLSWORTH STREET  
NAPERVILLE, IL. 60540**

**VOLUNTEER BACKGROUND RELEASE**

In connection with my request to serve as an unpaid volunteer, I understand that investigative inquiries on my background, in accordance with all state and federal laws, will be made on me, and may include information as to my personal character, mode of living, general reputation, and other qualities pertinent to my service.

I understand that the Diocese of Joliet and/or ChoicePoint may make inquiries about any criminal history and driving history. Furthermore, I understand that the Diocese of Joliet and/or ChoicePoint may request information from various federal, state and other agencies that maintain such records.

I authorize, without reservation, any party, including, but not limited to, law enforcement agencies, state agencies and private information bureaus and repositories, contacted by the Diocese of Joliet, and/or ChoicePoint to furnish any and all of the above mentioned information. In addition, I hereby release the Diocese of Joliet and ChoicePoint from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to the Diocese of Joliet and/or ChoicePoint the above mentioned information as requested, in order to successfully complete a criminal background investigation for my request to serve as an unpaid volunteer. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined necessary by the Diocese of Joliet and/or ChoicePoint.

\*I understand that date of Birth, Sex and Race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

\*SEX \_\_\_\_\_ \*RACE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DIOCESE OF JOLIET \_\_\_\_\_  
DESIGNATED OFFICIAL

SCHOOL/PARISH \_\_\_\_\_

This form is to be used when the volunteer position involves providing ministry to minors or vulnerable adults. Retention of the Profile and Release form shall be for seven (7) years following the termination of the service.

This document addresses concern for potential liability in all sectors of society, including the Church. It is coupled with the heightened awareness of a responsibility to insure that those who act in the name of the Church would never violate Christian moral principles.

In order to protect the Church, those whom it serves and those who serve it, please complete this form.

**A. PERSONAL INFORMATION**

1. Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? If so, explain the circumstances fully.

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2. Have you ever been the subject of an investigation involving the alleging of sexual abuse? YES\_\_\_\_NO\_\_\_\_. If yes, please explain.

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3. Has a civil or criminal complaint ever been filed against you alleging physical or sexual abuse? YES\_\_\_\_NO\_\_\_\_. If yes, give a short explanation of the complaint. Include date, nature, place, where filed, incident leading to complaint and disposition.

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4. Have you ever terminated employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse by you? YES\_\_\_\_NO\_\_\_\_. If yes, give a short explanation of the allegations, disposition, employer, including name, address and phone number.

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5. Have you ever received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse by you? YES\_\_\_\_NO\_\_\_\_. If yes, give s short description of the treatment, dates, nature, location, treating physician including name, address and phone number.

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**B. VOLUNTEER HISTORY**

Please list your last three volunteer activities, starting with the most recent.

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**C. PERSONAL REFERENCES**

Please list the name, address and phone number of three persons who will serve as character references.

Name	Address	City	Zip Code	Telephone #
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Name	Address	City	Zip Code	Telephone #
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Nam	Address	City	Zip Code	Telephone #
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NAME\_\_\_\_\_

SIGNATURE\_\_\_\_\_