

AUTHORIZATION FOR VOLUNTEER SERVICES BACKGROUND CHECK, including CONSUMER REPORTS

I understand that (a) in evaluating my application for volunteer services, and (b) thereafter, as a condition of volunteering, CATHOLIC CHARITIES MAINE, in its sole discretion, may from time to time procure or have prepared consumer reports about me, including, but not limited to, driving record reports and background checks with the Maine Department of Human Services. I consent to and hereby authorize the Agency to obtain consumer reports.

I also authorize CATHOLIC CHARITIES MAINE to procure an investigative consumer report, such as, but not limited to, a review of court records about me prepared by a private investigator, in connection with my application for volunteer services and from time to time thereafter in connection with my volunteering. I understand that this report may contain information about my background, character, general reputation, mode of living, credit worthiness and volunteer services. I also understand that, upon written request and within five (5) days after receipt of my request, I am entitled to complete and accurate disclosure concerning the nature and scope of this investigation.

In the event I am offered a volunteer position prior to the completion of the aforementioned reports, I realize that continued volunteering is contingent upon favorable results of such reports. Should unfavorable information be developed, I realize my volunteer service is subject to termination.

I authorize all persons, schools, companies, corporations, law enforcement agencies and other government agencies to release information to CATHOLIC CHARITIES MAINE and to any investigator or agent hired by them, without restriction or qualification. This authorization includes, but not limited to, matters of opinion relating to character, ability, reputation, and past performance.

I acknowledge receipt of a copy of the Notice of Consumer Report for Volunteer Purposes attached as Exhibit A.

PRINT **FIRST NAME:** _____ **MIDDLE NAME:** _____ **LAST NAME:** _____

MAIDEN OR PREVIOUS NAME: _____

DOB: _____ SSN: _____

DATES LIVING AT THIS ADDRESS: _____

Driver's License No. _____ State: _____

Signature: _____ Date: _____

Please list previous addresses in states in which you have lived within the past 7 years.

Street: _____ City/ Town: _____

State: _____ Zip: _____ How long? _____

Street: _____ City/ Town: _____

State: _____ Zip: _____ How long? _____

Street: _____ City/ Town: _____

State: _____ Zip: _____ How long? _____

Please return form to volunteerinfo@ccmaine.org or to:

Catholic Charities Maine

P.O. Box 10660

Portland, ME 04104

Exhibit A

NOTICE OF CONSUMER REPORT FOR VOLUNTEER PURPOSES

NOTICE: CATHOLIC CHARITIES MAINE WILL OBTAIN A CONSUMER REPORT IN CONNECTION WITH YOUR APPLICATION FOR VOLUNTEERING. CATHOLIC CHARITIES MAINE MAY OBTAIN CONSUMER REPORTS ABOUT YOU FROM TIME TO TIME IN CONNECTION WITH YOUR VOLUNTEERING.

PLEASE NOTE: CATHOLIC CHARITIES MAINE only requests the following information:

- **Maine Motor Vehicle - driving and accident records**
- **District Court Convictions**
- **Sex Offender**
- **Department of Health and Human Services (DHHS)**

WE DO NOT REQUEST CREDIT REPORTS

**Human Resources Director
CATHOLIC CHARITIES MAINE**