

**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 is 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 NAME: _____

DOB: _____ SSN: _____

CURRENT ADDRESS: _____

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 Driving and Accident Record**
- **District Court Convictions**
- **Sex Offender**
- **Department of Health and Human Services (DHHS)**

WE DO NOT REQUEST CREDIT REPORTS

**Human Resources Director
Catholic Charities Maine**



Requesting Maine Child Abuse Record Researches

Thank you for registering. The required release form is attached.

Please DO NOT share this form with other agencies.

Changes to your contact information should be reported to us immediately.

For questions, or to report changes, call the Background Check Unit 207-624-7965

Submit requests as follows:

- One authorization release per person, completed (no blanks) by the individual who is the subject of the search. The individual must be at least 18 years of age. Original signatures are required, unless DocuSign (or other) documentation can be provided. This release authorizes the search and disclosure regarding whether or not the individual has been substantiated by Maine DHHS as an abuser of a child. *The individual should be directed to read this release form carefully.* The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.

(Forms not properly filled out or signed manually cannot be processed.)

- The Code of Federal Regulations, that explain and clarify CAPTA, provides: "If a State chooses, it may authorize by statute disclosure to additional persons and agencies, as determined by the State, for the purpose of carrying out *background and/or employment-related screening of individuals who are or may be engaged in specified categories of (1) Child-related activities or employment; or (2) Activities or employment related to adults with intellectual disabilities or (3) private agency adoption or foster care.*
- \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004).
- Our office does not maintain or provide these records. It is the requesting agencies responsibility.
- DHHS, OCFS
Attn: CPI Records Research
SHS 11, 2 Anthony Avenue
Augusta, ME 04333.



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly) confidential information to the above agency regarding whether or not I have been
substantiated in a State of Maine Child Protective Services case.

I understand that:

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT→
Updated 2020

RESULT BELOW (To be completed by DHHS):

As of _____, this person has no substantiated findings of Child Abuse or Neglect in the
State of Maine.

DHHS, OCFS, Background Check Unit Staff



REMINDER Checklist

**Please use this checklist as a tool to avoid errors
when making Maine Child Abuse and Neglect Records Researches requests.**

☐ Release form is the current/revised 2020 version.

☐ Release form includes the printed name, date of birth, address, other names known by, signature (manual and/or docusign), is dated within the last three months, and is legible.

☐ The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.

☐ The individual (s) you are requesting background screenings on are currently engaged in specified categories of (1) Child-related activities or employment; or (2) Activities or employment related to adults with intellectual disabilities; or (3) private agency adoption or foster care.

☐ DHHS, OCFS
Attn: CPI Records Research
SHS 11, 2 Anthony Avenue
Augusta, ME 04333