



## BACKGROUND SCREENING FORM Diocese of Wilmington

**Charter ID #** \_\_\_\_\_

**INSTRUCTIONS:** This form contains four sections, all of which must be fully completed. Please type or print legibly in ink. Section I is the basis for your background check that will be conducted by Hyden and Associates, Inc., an investigative agency under contract to the Diocese. You must complete the entire form. Indicate “none” or “DNA”(does not apply) where applicable. You and the Diocese will receive a copy of the results of this investigation upon completion. This form, along with payment, should be mailed to Hyden and Associates, Inc., PO Box 7942, Newark, DE 19714 with the \$30 fee.

**RELEASE:** By signing this form, I understand an investigation will be conducted of all information contained in Section I of this form. I also understand that the results of the investigation will be considered, along with all other information submitted on this form, in making a decision concerning my suitability as an employee or volunteer for the Diocese of Wilmington. The information contained in this application is true and correct to the best of my knowledge. I further understand that inaccurate or untruthful responses to the questions contained in this form may be the basis for refusal to employ or allow volunteer participation. I understand that all criminal background checks will be treated as confidential. I understand and authorize the access to any and all information and records relating to my criminal history or criminal offense committed or alleged arrest, alleged criminal acts and criminal offenses committed. I understand if a disqualifying offense is found in a criminal background check, I will be given the opportunity to verify information and correct errors. I intend this to be a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document.

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Signature (black ink)Date

### Section I: Background

1. NAME (Last, First, Middle, Suffix)

|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

2. LIST ALL OTHER NAMES YOU HAVE INCLUDING NICKNAMES AND MAIDEN NAMES:

|  |
|--|
|  |
|--|

3. BIRTHDATE (mm/dd/yyyy)

4. SEX: (Circle One)

5. SSN:

MALE      FEMALE

6. HOME TELEPHONE  
(      )

7. WORK TELEPHONE  
(      )

9. MAILING ADDRESS:

8. E-MAIL (username@domain.com):

|  |
|--|
|  |
|--|

10. ZIP CODE:

11. CURRENT EMPLOYER:

|  |
|--|
|  |
|--|

12. EMPLOYMENT ADDRESS:

|  |
|--|
|  |
|--|

13. EMPLOYMENT TELEPHONE NUMBER: (      )

|  |
|--|
|  |
|--|

**14. NAME OF SPOUSE(S)**

**15. DATE OF MARRIAGE(s)**

|  |
|--|
|  |
|  |

If additional space is needed, include information in the Continuation Section (#19 of this form)

**16. LIST CITY, COUNTY, AND STATE OF RESIDENCE FOR PAST 7 (SEVEN) YEARS. PLEASE BEGIN WITH THE MOST RECENT.**

| CITY | COUNTY | STATE | DATES |
|------|--------|-------|-------|
|      |        |       |       |
|      |        |       |       |
|      |        |       |       |
|      |        |       |       |
|      |        |       |       |

If additional space is needed, include information in Continuation Section (#19 of this form)

**17. HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A MISDEMEANOR OR FELONY OFFENSE? Please Circle Yes or No**

|    |     |
|----|-----|
| NO | YES |
|----|-----|

**18. HAVE YOU BEEN CONVICTED OF DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL, DRIVING WHILE IMPAIRED OR DRIVING UNDER THE INFLUENCE OF DRUGS? Please Circle Yes or No**

|    |     |
|----|-----|
| NO | YES |
|----|-----|

If you answered yes to either of the above questions (17, 18), provide the details below

| DATE OF ARREST | COUNTY/STATE OF ARREST | CHARGE | DISPOSITION |
|----------------|------------------------|--------|-------------|
|                |                        |        |             |
|                |                        |        |             |
|                |                        |        |             |

If additional space is needed, include information in the Continuation Section (#19 of this form).

**19. CONTINUATION SECTION**

Use this section, if necessary, to provide additional information required by this Section only.

| Part Number | Additional Information |
|-------------|------------------------|
|             |                        |
|             |                        |
|             |                        |
|             |                        |

**20. REPORT DELIVERY PREFERENCE**

Would you prefer your report delivered to you by: US MAIL  E-Mail

Charter ID # \_\_\_\_\_

21. NAME (Last, First, Middle, Suffix)

|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

**Section II: Parish**

22. Indicate the parish in which you are registered

23. Indicate the parish or school in which you wish to volunteer

24. List all other churches/organizations you have attended or been involved with during the past 7 years.

| Church/Organization & Address | Involvement | From – To |
|-------------------------------|-------------|-----------|
|                               |             |           |
|                               |             |           |
|                               |             |           |

25. Have you ever been dismissed or suspended from any activity, program, project or event providing services to youth? (Including sports, scouts etc...) Please Circle Yes or No

|    |     |
|----|-----|
| NO | YES |
|----|-----|

If yes, please explain.

|  |
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**Section III: Additional Information**

26. List any skills, talents, education, training, or experience that may be helpful in the position you are seeking, including professional license or certification.

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27. Activity for which you wish to volunteer. Check as many as are applicable.

|  |
|--|
| <input type="checkbox"/> School <input type="checkbox"/> Parish Youth Ministry (includes athletics/scouting) |
| <input type="checkbox"/> Parish Religious Education <input type="checkbox"/> Other (specify):                |
|  |
|  |

Charter ID # \_\_\_\_\_

**NOTE:** If your volunteer activities involve driving young people, the following information is required. All coaches and youth ministry volunteers are required to complete this section.

**Section IV: Motor Vehicle Information**

**28.** NAME as it appears on your Driver's License: (Last, First, Middle, Suffix)

|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

Please check if name does not match name given on line # 1

|                                    |
|------------------------------------|
| <b>29.</b> Address on License:     |
|                                    |
| <b>30.</b> Home Telephone (      ) |

|                               |                          |                                |
|-------------------------------|--------------------------|--------------------------------|
| <b>31.</b> Driver's License # | <b>32.</b> State Issued: | <b>33.</b> Date of expiration: |
|-------------------------------|--------------------------|--------------------------------|

|   |
|---|
| <b>34.</b> Has your driver's license ever been suspended? |
| NO      YES   |

|   |
|---|
| <b>35.</b> Has your driver's license ever been revoked? |
| NO      YES   |

If yes, please explain:

**VEHICLE THAT WILL BE USED**

|                              |                                |
|------------------------------|--------------------------------|
| <b>36.</b> Name of Owner:    |                                |
| <b>37.</b> Model of Vehicle: | <b>38.</b> Year of Vehicle:    |
| <b>39.</b> Address of Owner: |                                |
|                              |                                |
| <b>40.</b> License Plate #   | <b>41.</b> Date of Expiration: |

If more than one vehicle is to be used, this information must be provided for each vehicle.

**INSURANCE INFORMATION**

**The insurance coverage is limited to the coverage of vehicles listed above.**

|                               |                                |
|-------------------------------|--------------------------------|
| <b>42.</b> Insurance Company: |                                |
| <b>43.</b> Policy #           | <b>44.</b> Date of Expiration: |

|                       |
|-----------------------|
| <b>45.</b> Signature: |
|-----------------------|

**Please review this form to assure that all parts have been completed. Incomplete forms will be returned and may delay the start of your ministry in the diocese.**

Forward with \$30.00 check payable to Hyden and Associates Inc. to:  
Hyden & Associates, Inc., PO Box 7942, Newark DE 19714