



BACKGROUND SCREENING FORM

Diocese of Wilmington

CHARTER _____

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 268, Georgetown, DE 19947 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.

Signature (black ink) _____ Date _____

Section I: Background

1. Name : Last	First	MI	2. Maiden / other name
3. BIRTHDATE (mm/dd/yyyy):	4. SEX: (Circle One) MALE FEMALE	5. SSN:	
6. MAILING ADDRESS (Street / City / State / Zip):			
7. E-MAIL ADDRESS (username@domain.com):		8. Phone / Cell number:	
9. CURRENT EMPLOYER / City / State:			
10. EMPLOYMENT PHONE NUMBER: ()			
11. NAME OF SPOUSE(S)		12. DATE OF MARRIAGE(S)	

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

CITY	COUNTY	STATE	DATES

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

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

If you answered yes to either of the above questions (14, 15), provide the details below

COUNTY/STATE OF ARREST	CHARGE	DISPOSITION / YEAR

16. NAME

Charter ID # _____

Last	First	Middle
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Section II: Parish

17. Indicate parish in which you are registered	18. Indicate parish or school in which you wish to volunteer
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19. List all other churches you have attended or been involved with during the past 7 years.

Church & Address	Involvement	From – To
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20. 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 If yes, please explain.

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Section III: Additional Information

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

School Parish Youth Ministry (includes athletics/scouting) Parish Religious Education Other (specify):

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

22 NAME (as it appears on your Driver's License) : Please check if name does not match name given on line # 1

Last	First	Middle	Suffix
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23. Address on License:

24. Driver's License #	25. State Issued:	26. Date of expiration:
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27. Has your driver's license ever been suspended? NO YES

28. Has your driver's license ever been revoked? NO YES

If yes, please explain:

VEHICLE THAT WILL BE USED

29. Name / Address of Owner:

30. Model/ Year of Vehicle:	31. License Plate / Expiration date #
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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.

32 Insurance Company

33. Policy #	34. Date of Expiration:
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35 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 268, Georgetown, DE 19947