

**ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS
ACKNOWLEDGEMENT OF RECEIPT**

Date: _____

Volunteer Name: _____

I acknowledge receipt of a copy of the risk management procedures, dispute resolution form, the Harassment and Sexual Misconduct Policy of St. Croix Catholic School, the Anti-Bullying Policy of St. Croix Catholic School, and the Fair Credit Reporting Act. Each of these documents and their implications has been explained to me. I have read and understand them. I agree that if I do not understand any part of these documents I can seek clarification from the administration.

These documents are designed to serve as a working policy and thus are not all-inclusive. The policies and procedures in these documents supercede any and all prior policies, procedures, or past practices. I agree that St. Croix Catholic School has the right to make changes to these policies at any time without prior notice.

I understand that these policies are in place to insure a safe environment for all participants and volunteers and will do my best to follow them closely.

Signature: _____ Date: _____

VOLUNTEER PRE-SERVICE APPLICANT RELEASE STATEMENT

This document is to be completed by applicants for certain volunteer positions. The positions that are subject to background checks have been determined by St. Croix Catholic School. This release is required to assess the volunteer's fitness for service. The background check process is used to help the churches, schools, and organizations within the Archdiocese of Saint Paul and Minneapolis provide a safe and secure environment for children, youth, young adults, and vulnerable adults who participate in our programs and use our facilities.

I, _____, hereby authorize St. Croix Catholic School and/or The McDowell Agency, Inc. to make an independent investigation of state and county criminal records for any evidence of convictions, social security records for a listing of employment and residence locations and the sexual offender database *and of my Credit Report and/or my Driver's Record if indicated on the back of this form.*

I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release such information without restriction or qualification to St. Croix Catholic School and/or The McDowell Agency, Inc. I hereby release St. Croix Catholic School and The McDowell Agency, Inc. from any liability arising from the preparation of this report or investigation relating thereto. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form, or any application form, may be grounds for refusal to enlist my services and negate any present or future volunteer or employment possibilities with this, or any other organization affiliated with the Archdiocese of Saint Paul and Minneapolis. Furthermore, I understand that any offer that has been made to me for volunteer opportunities from St. Croix Catholic School is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from volunteer opportunities at St. Croix Catholic School and that any volunteer offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential by St. Croix Catholic School. I understand that this release is valid for the duration of my services and that St. Croix Catholic School or The McDowell Agency, Inc. (at St. Croix Catholics' request) may choose to investigate my background at any time during the course of my volunteer services.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

Signed _____ Date ____/____/____

~ Please Turn Over and Complete Back Side ~

8/20/07

