

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: _____

Drivers License. No. _____ State _____
Signature _____ Date _____

Please list previous addresses in states in which you have lived within the past 10 years.

Street _____ City/Town _____
State _____ Zip _____ How Long? _____

Street _____ City/Town _____
State _____ Zip _____ How Long? _____

Street _____ City/Town _____
State _____ Zip _____ How Long? _____

Please return all of the above forms to:

**Catholic Charities Maine
P.O. Box 10660
Portland, ME 04104**

NOTICE OF CONSUMER REPORT FOR VOLUNTEER PURPOSES

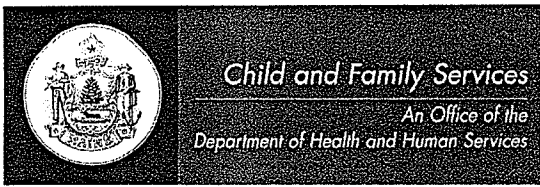
NOTICE: CATHOLIC CHARITIES MAINE WILL OBTAIN A CONSUMER REPORT IN CONNECTION WITH YOUR APPLICATION FOR VOLUNTEERING. CATHOLIC CHARITIES MAINE MAY OBTAIN CONSUMER REPORTS ABOUT YOU FROM TIME TO TIME IN CONNECTION WITH YOUR VOLUNTEERING.

PLEASE NOTE: Catholic Charities Maine only requests the following information:

- **Maine Driving and Accident Record**
- **District Court Convictions**
- **Department of Human Services (DHS)**

WE DO NOT REQUEST CREDIT REPORTS

**Human Resources Director
Catholic Charities Maine**



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Child and Family Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 624-7900
Fax (207) 287-5282; TTY (800) 606-0215

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

Agency/Provider to receive this information:

Agency ID#: 58

Pat Pariseau
Catholic Charities of Maine
P.O. Box 10660
Portland, ME 04104

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- 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.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 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, adults, 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.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

PLEASE DO NOT LEAVE ANY SPACES BLANK

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

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT→