



**Archdiocese of Newark**  
*Office of Child and Youth Protection*

Entering the  
Third Millennium,  
proclaiming in faith and love  
the mission of  
Christ the Redeemer!

**FROM:** Karen Clark  
Director, Office of Child and Youth Protection

**DATE:** August 1, 2012

**RE:** Inquiry concerning Background Screenings

Several volunteers throughout the diocese have expressed concerns about what type of information the Lexis Nexis background screening system is providing to us. I understand that these concerns may stem from our use of the word "Credit" in the form (i.e., Fair Credit Reporting Act and Credit Reporting Agency). All people who have their background checked in the United States, have to be told, on a separate form, that they have rights under the Fair Credit Reporting Act, no matter what aspect of their background is being checked. This Act, for example, provides for the person to get a copy of any report, and the ability to dispute its findings. LexisNexis (ChoicePoint) is known as a Credit Reporting Agency. Although some of its customers do credit checks, we do not. It has databases on a number of aspects of people's backgrounds, and we only use their criminal and Social Security Number databases.

The Archdiocese has contracted with Lexis Nexis to provide only a criminal background check of staff and volunteers who are involved in working with or for children and youth in our schools, religious education programs and ministry activities. We do not receive any information concerning commercial or personal credit information or histories.

Since our only concern is to ensure that those who work with children and youth do not have any significant background of criminal or unlawful activity, we do not ask for or receive any other personal information.

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The Archdiocese also does not provide anything in the way of personal work or volunteer history to LexisNexis beyond that which each staff member or volunteer agrees to provide, i.e., name, social security number, date of birth and address.

We share the concerns that many people have about personal security and privacy of information, and we are committed to ensuring that any information provided to the Archdiocese – either from staff and volunteers or from providers of criminal background screenings – remains so.

I hope this memo addresses the concerns of your volunteers, and that they will quickly submit the forms you need to do the background checks.

Sincerely, in Christ,

A handwritten signature in black ink, appearing to read "Karen", with a long, sweeping flourish extending to the right.

Karen Clark

Director

Office of Child and Youth Protection

# VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Parish/School Name: \_\_\_\_\_ Location: \_\_\_\_\_

(Check one) Miss _____ Ms. _____ Mr. _____	Today's Date:
First Name: _____ Middle: _____ Last Name: _____	
Home Street Address: _____	
City: _____	State: _____ Zip code: _____
Home Phone: ( ) _____	Date of Birth: (for background check) _____
Work Phone: ( ) _____	Volunteer position for which you are applying: _____
Cellular Phone: ( ) _____	E-Mail Address: _____
Are you currently employed? Yes ___ (If yes, please complete information below) No ___	
Employer: _____	Address: _____
Describe Job Duties: _____	
<b>EMERGENCY INFORMATION:</b>	
Name: _____	Relationship: _____
Home Phone: ( ) _____	Cell Phone _____
Work Phone: ( ) _____	_____
Please check if applicable: _____ You are a member of the clergy seeking service in the Archdiocese _____ You are a deacon candidate _____ You are a seminarian	
Please indicate if you are: _____ A current employee or volunteer for this parish or school What position _____	
Please specify your parish/school. If not a member of a parish, or associated with a school, please leave blank: _____	
Parish/School _____	City _____
How long have you been associated with this parish/school? _____	

**EDUCATION:**

Name of High School	High School Graduate (check)	Yes ___	No ___
Name of College:	College Graduate: (check)	Yes ___	No ___
Name of Graduate School:	Graduate School Graduate (check)	Yes ___	No ___
Specialized Education or Training (Please list):			

**PERSONAL REFERENCES:**

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**VOLUNTEER HISTORY:**

Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, then indicate "to" date as current.

\_\_\_\_\_ Check here if you have no volunteer history.

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

**Please explain your interest in volunteering:**

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**Is there a particular type of assignment or volunteer duty you would prefer?**

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**Please list special skills, training and languages:**

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**Have you attended the Protecting God's Children training? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes: When \_\_\_\_\_

Where \_\_\_\_\_

Please attach a copy of your Protecting God's Children Certificate

**Have you ever pled guilty to or been convicted of a crime? If yes, please give the date of the plea/conviction, the location (i.e. jurisdiction) and state the nature of the crime.**

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**Are there any criminal charges currently pending against you? If yes, please explain.**

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**Have your driving privileges been revoked in any state? If yes, please explain.**

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**FOR OFFICE USE ONLY**

Does this position involve working with or around minors? Yes \_\_\_\_\_ No \_\_\_\_\_

# DECLARATIONS

We appreciate your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community.

**Please read and initial each of the statements below:**

\_\_\_\_\_ I declare that my volunteer application is complete, that all statements are true, and agree that false statements and/or omissions, including those regarding past conduct and/or present situations may be grounds for denial of my application to provide volunteer services or dismissal from my volunteer involvement.

\_\_\_\_\_ I hereby authorize you to conduct a personal and professional reference check for the purposes of my application. You may, among other things, contact any references, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might have information relevant to my desired position, including a consumer credit reporting agency (if my position entails handling money). I hereby release any person contacted from any and all liability for damages regarding statements given to you about me.

\_\_\_\_\_ I also hereby give you permission to conduct a background check, including but not limited to, a criminal arrest records check, abuse registry check, and driving record check for the purposes of my volunteer services. I agree to cooperate as necessary with the background screening process. **See separate Notice attached regarding Credit Reporting Agency check.**

\_\_\_\_\_ I understand and agree that information may be obtained from sources that I provided in the application and that this information need not be revealed to me.

\_\_\_\_\_ I agree to observe all of the guidelines and policies relevant to the program for which I am applying, including, but not limited to, the Archdiocesan Policies on Professional and Ministerial Conduct and the Harassment and Sexual Harassment Policy.

\_\_\_\_\_ I understand that you have a ZERO TOLERANCE for abuse of minors and vulnerable adults and take all allegations of abuse seriously. I further understand that you cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

\_\_\_\_\_ I understand that I can withdraw from the application process at any time and that my acceptance as a volunteer gives me no rights to continued participation in any program as a volunteer or otherwise.

\_\_\_\_\_ If at any time my volunteer activities involve driving my vehicle, I agree that I have applicable state motor vehicle insurance for my vehicle and that I am currently permitted to drive my vehicle under the laws of the State of New Jersey. I further agree to abide by all applicable state motor vehicle laws.

\_\_\_\_\_ My signature indicates that I have read, understand and agree to all of the above.

**Do not sign until you have read and initialed the above and attached statements.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**I have reviewed this application and have noted any missing information**

Screening Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NOTICE REGARDING CREDIT REPORTING AGENCY CHECK**

Please take notice that the position for which you are seeking to volunteer your services may involve a check, now or in the future, of your background by using the services of a Credit Reporting Agency. If so, you have rights under the Fair Credit Reporting Act.

\_\_\_\_\_ I authorize you to obtain such a report.  
Initials