

Diocese of Norwich
Office for Safe Environments
Forms for ADULT Volunteers

Volunteer Name: _____

Parish/School/Institution Name _____

Date: _____

Volunteer Application (3 pages/ sign and date) _____

DCF Authorization for Information (sign and date) _____

MYB Volunteer Disclosure Form _____

MYB Volunteer Authorization Form _____

A Summary of Your Rights Under the FCRA To be retained by applicant

Fee Paid _____

*Processing fees are **\$37.00 per volunteer**, ages 20 and over. There is no fee for any adult volunteer 18 to under 20 years of age. Fees are to be included with forms. Any forms received without the appropriate fees will not be processed. Checks can be made payable to the Diocese of Norwich.*

Proofread Forms for Completeness _____

Incomplete, undated or unsigned forms will be returned to you, thereby delaying processing.

Make Copies for Parish/School/Institution's Records _____

Training (Please submit proof of training) _____

No one may volunteer until training is completed

PLEASE RETURN THIS CHECKLIST WITH EACH ADULT VOLUNTEER PACKAGE

REVISED July 2022

Diocese of Norwich Volunteer Application

Parish/School/Institution: _____

Town/City: _____

Position Volunteering For: _____

Applicant

Name: _____
Last First Middle Maiden (*if applicable*)

Address: _____
Street City State Zip Code

How long have you been at your current address? _____ If you have lived outside the State of Connecticut within the past five years, please provide all of the names of the States where you have lived:

Phone: _____ Date of Birth: _____
Home Business Month Day Year

Driver's License #: _____ State Issued: _____
(Optional, unless position involves transporting children)

Diocese of Norwich / Volunteer Application (*continued*)

Volunteer History

Please provide the names and addresses of organizations for whom you have provided volunteer services in the past five years.

Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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References

Please give the names of at least three people, other than relatives, who are familiar with your character, skills and volunteer experience, to provide information about you. Be sure to include a complete address and telephone number for each reference.

Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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Diocese of Norwich / Volunteer Application (*continued*)

DECLARATIONS

The Diocese of Norwich, as well as the Parishes and Institutions within the Diocese, 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. When you have finished reading the statement, please sign the statement in the space provided below.**

- _____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.
- _____ I hereby authorize the Diocese of Norwich to conduct a background check for the purposes of my volunteer application. The Diocese of Norwich may contact any references, church, youth organizations or agencies where volunteer service has been completed. I hereby release all of the above stated persons from any and all liability for damages that might occur during the Diocese of Norwich's contact with the individuals for purposes of my volunteerservices.
- _____ I hereby authorize give permission for the Diocese of Norwich to conduct a criminal background check, convictions records check, and abuse registry check, for the purposes of my volunteer services, both prior to and during my service. If the position for which I am applying will involve transportation services then I also give permission for a driving record check. I authorize investigations of all statements contained in the present application.
- _____ I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by the Diocese of Norwich. I have also read and understood the above stated information within this release and am signing below of my own free will.
- _____ I agree to observe all of the Diocese of Norwich guidelines and policies for the program in which I am applying. I understand that the Diocese of Norwich has *ZERO* tolerance for *ABUSE* and takes all allegations of abuse seriously. I further understand that the Diocese of Norwich cooperates fully with the authorities to investigate all cases of alleged abuse. Allegations of abuse of minors or vulnerable adults are grounds for immediate dismissal and possible criminal charges.
- _____ I agree to abide by the provisions of the Sexual Misconduct Policy, Pastoral Code of Conduct and the Electronic Communications, Internet and Computer Use Policy of the Diocese of Norwich.
- _____ I understand that I can withdraw from the application process at anytime.
- _____ I understand and agree that false statements and/or omissions regarding past conduct and/or present situations for denial of my application to provide volunteer services and that refusal to inform the Diocese of Norwich of the contents of a sealed criminal record will result in the automatic denial of this application.
- _____ I agree, subsequent to volunteer service, to self-report all criminal arrests and Child Protective Services investigations.
- _____ My signature indicates that I have read and understand the above.

PLEASE DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.

Applicant Signature: _____

Print Name: _____

Date: _____

Connecticut Department of Children and Families
AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)
 DCF-3031
 7/2022 (Rev.)



Page 1 of 1

I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one): <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other							
I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.							
Name of Agency (requesting background check)				Attention:			
Address: (No. and Street):				City:	State:	Zip:	
I submit the following information to assist the Department of Children and Families in their search.							
Applicant Last Name:		Applicant First Name:		Middle:		DOB:	
Applicant Address: (No. and Street):		Apt. #	City:	State:	Start date at current address: (dd/mm/yyyy)		
List all previous applicant addresses for the last five years <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Address (No. and Street):		Apt. #	City:	State:	Zip:	Dates From: (dd/mm/yyyy)	To (dd/mm/yyyy)
Other names I have used (including preferred names, maiden, and previous marriages) <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Last Name:		First Name:			Middle Name:		
Names of ALL children - biological/step (including adult children in or out of the home) <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Last Name:		First Name:		Middle:	DOB:	Gender:	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
This authorization will expire 180 days after the date of the signature							
Applicant Signature:						Date:	
Submit at https://portal.dcf.ct.gov/Portal/Main/#dashboard . To enroll your agency in the portal, please contact bgc.verification@ct.gov .							
For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov .							



MIND YOUR BUSINESS

Pre-Employment Background and EEO Investigation Services

VOLUNTEER DISCLOSURE FORM

_____ (Volunteer Organization), by and through The Norwich Roman Catholic Diocesan Corporation (serving as Organization's Agent and/or on behalf of Organization as a Diocesan-recognized affiliate), as part of the process of determining your eligibility for volunteering with, and, in the event you are accepted, your continued volunteering with, the Organization, may conduct an investigation of your background by obtaining a consumer report relating to you from a consumer reporting agency of its choice. The report may contain information bearing on your character, general reputation, and personal characteristics. **Please keep in mind that this background check is limited to State, National and Federal Criminal Files, Social Security Number Verification, and National Sex Offender Registry.**

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. You acknowledge receipt of a copy of your rights under the Fair Credit Reporting Act. If _____ (Organization) intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act.

To assist The Norwich Roman Catholic Diocesan Corporation in obtaining a consumer report, the following information is provided:

MA, MN, OK, NY, ME, WA, NJ, and CA applicants only: If you want a free copy of the report(s) ordered, check this box ☐.

Full Name (Printed) _____
First Middle Last Maiden/Other

Signature _____ Date _____

Complete Residence Address _____
Street Number/ PO Box Street Name

City State Zip Code County

Date of Birth* _____ Social Security Number _____ Gender _____ Race _____
(*You may elect to call MYB directly at (888) 758-3776 with this information)

Driver's License Number _____ State Issued _____

Daytime Telephone Number _____ Email _____

Please list all additional residences that you have resided in during the past 7 years:

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County

☐ I direct that The Norwich Roman Catholic Diocesan Corporation *not* share my Consumer report with its affiliated entity _____. I understand that checking this box may be cause for the denial of my volunteer application / termination of my volunteerism with _____. (Pursuant to the Fair Credit Reporting Act §603 (d) (2) (A) (iii), consumers must be afforded the opportunity to opt out of the provision allowing communication of Credit report information among persons related by common ownership or affiliated by corporate control before the time that the information is initially communicated.)

REVISED 2/21/2020

*This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.



MIND YOUR BUSINESS

Pre-Employment Background and EEO Investigation Services

VOLUNTEER AUTHORIZATION FORM

You hereby authorize _____ (Volunteer Organization), by and through The Norwich Roman Catholic Diocesan Corporation (serving as Organization's Agent and/or on behalf of Organization as a Diocesan-recognized affiliate), to make an independent investigation of your background by obtaining a consumer report relating to you from **Mind Your Business, Inc. ("MYB")**. You understand and agree that the information contained in any consumer report will be used to determine eligibility for volunteering, and, if you are accepted, your eligibility for continued volunteering, and that action may be taken by _____ (Organization) based on this information.

You further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to The Norwich Roman Catholic Diocesan Corporation and the referenced affiliated entity, by and through **MYB**, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, **including alcohol and controlled substance information from previous/present employers.**

Full Name (Printed) _____
First Middle Last Maiden/Other

Signature _____ Date _____

The following section is to be completed by an authorized representative (pastor, principal, director, child advocate, etc.) of the Organization/affiliated entity (parish, school, institution):

☐ I have established the applicant's identity by reviewing the following two forms of identification (Check one box in Column A and one box in Column B):

A	B
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Non-Operator's ID (issued by DMV)	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Passport	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Military ID	

Signature / Position of Authorized Representative

Date

REVISED 2/21/2020

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

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