

**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: \_\_\_\_\_

DATES LIVING AT THIS ADDRESS: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list previous addresses in states in which you have lived within the past 7 years.

Street: \_\_\_\_\_ City / Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Street: \_\_\_\_\_ City / Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Street: \_\_\_\_\_ City / Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Please return form to [volunteerinfo@ccmaine.org](mailto:volunteerinfo@ccmaine.org) or to:

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

Exhibit A

**NOTICE OF CONSUMER REPORT FOR VOLUNTEER PURPOSES**

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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**
- **Sex Offender**
- **Department of Health and Human Services (DHHS)**

**WE DO NOT REQUEST CREDIT REPORTS**

**Human Resources Director  
Catholic Charities Maine**