



VOLUNTEER BACKGROUND CONSENT FORM

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

I authorize Catholic Charities of the Diocese of St. Cloud to conduct a background check as a basis of my placement as a volunteer with the organization. I understand that I am to report any changes in my criminal history to Catholic Charities of the Diocese of St. Cloud.

SIGNED

DATE