Volunteer Background Screening Consent Form for the Diocese of East Carolina and 

(Parish/City)

I, ____________________________, hereby authorize the Episcopal Diocese of East Carolina and ____________________________ (Parish/City) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with ____________________________.

I release the Episcopal Diocese of East Carolina and ____________________________ (Parish/City), and its agents and any persons or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge (Please Print):

Full Legal Name: ____________________________

Maiden Name or Other Names Used: ____________________________
*PERSONAL INFORMATION*

Social Security Number: ___________________________ Date of Birth: __/__/__

Driver’s License Number: ___________________________ State of License: _____

Present Address: __________________________________________

City: ___________________________ State: _______ Zip: _______ County: __________

Email: ___________________________ Phone: ___________________________

How long at present Address? __________

Former Address __________________________________________

City: ___________________________ State: _______ Zip: _______ County: __________

How long at Former Address? ______________

Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. The Diocese of East Carolina abides by all applicable state and federal employment laws.

**Episcopal Diocese of East Carolina Screening Questionnaire**

The Episcopal Diocese of East Carolina follows established policies concerning professional conduct to ensure the safety and well being of all those in an Episcopal work and worship environment. One piece of this policy requires that an appropriate background investigation be conducted for all persons in the diocese that meet the criteria of the policy. Therefore you are asked to complete the following series of questions which are, of necessity, intimate in nature. If you do not understand the questions or would like to discuss your answer further, please call: Mrs. Jimi Paderick, Executive Assistant to the Bishop, at 252-522-0885 ext. 233 and she will either assist you or direct you to the appropriate person.

Please circle either yes or no for each question. If you circle yes to any question please give an explanation and any resolution of the issue. If additional spacing is required, please write on a
separate sheet of paper listing the question number first.  \textit{Note: Throughout this document, “charged,” indicates allegations made in writing and known to you.}

1. Has disciplinary action of any sort been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? \hspace{1cm} Yes \hspace{0.5cm} No

   If yes, please explain: 

2. Have there been formal complaints against you that did not result in discipline? \hspace{1cm} Yes \hspace{0.5cm} No

   If yes, please explain: 

3. Are there complaints pending against you before any of the bodies mentioned in question one? \hspace{1cm} Yes \hspace{0.5cm} No

   If yes, please explain: 

4. Have you ever been asked to resign or been terminated by a training program or employer? \hspace{1cm} Yes \hspace{0.5cm} No

   If yes, please explain: 

5. Have you ever had a civil suit brought against you relative to your professional work or is any such pending? \hspace{1cm} Yes \hspace{0.5cm} No

   If yes, please explain: 

6. Have you ever had professional malpractice insurance suspended or revoked for any reason? \hspace{1cm} Yes \hspace{0.5cm} No

   If yes, please explain:
7. Have you ever been charged with any ethics violation or are any such actions pending against you?  
   Yes  No
   
   If yes, please explain:

8. Have you ever been charged with having sexual contact or attempted sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age?  
   Yes  No
   
   If yes, please explain:

9. Since the age of 21, have you have charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with the persons under 18 years of age?  
   Yes  No
   
   If yes, please explain:

10. Have you now or have you ever been involved in the production, sale or distribution of pornographic materials?  
    Yes  No
    
    If yes, please explain:

11. Have you ever been charged or adjudicated with sexual misconduct, including

    * abuse of power or role for sexual purposes  
      Yes  No
    * sexual contact with a minor or an adult incompetent to give consent?  
      Yes  No
    * sexual assault (e.g., rape)  
      Yes  No
    * solicitation for sexual purposes (e.g., prostitution)  
      Yes  No
    * an offense related to pornography/public indecency (e.g., indecent exposure)  
      Yes  No

    If yes to any, please explain:
12. Have you ever been charged with an offense related to sexual harassment, including unwelcome?
   * sexual advances
   * requests for sexual favors
   * sexually motivated physical contact
   * verbally or physically dominating a sexual nature

If yes, please explain:

13. Do you have a history of alcohol abuse?

If yes, please explain:

14. Do you have a history of drug abuse with any other drugs; recreational, prescription, over-the-counter, or illicit?

If yes, please explain:

15. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors?

Have you ever had your parental rights restricted, suspended or terminated or have any of your children been put into foster care?

If yes to any of the above, please explain:

16. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity?

If yes, please explain:
For ordained persons only:

1. Have you ever been subject to ecclesiastical disciplinary proceedings of the recipient of a “godly admonition?”
   
   Yes  No

   If yes, please explain:

   

   STATEMENT OF APPLICANT: (Please read carefully before signing)

   All information submitted by me in this questionnaire is true and complete to the best of my knowledge. I understand that any significant misstatement in, or in omission from, this questionnaire may cause for denial of further consideration in consideration for employment, ordination process, search process or be cause for canonical procedures.

   I understand and I agree that I will notify the Bishop’s Office immediately of any changes in the status of my licensure, censure or sanction by professional bodies, or in my information reported above, and of any other information relating to my ability to act in any capacity in the Diocese of East Carolina.

   Name: ____________________________ Date: ____________________________

   Signature: ____________________________

   MAIL TO:

   Diocese of East Carolina
   Attn: Jimi Paderick
   Post Office Box 1336
   Kinston, NC 28503