

Instructions to Process Criminal Background Checks

Unpaid Personnel / Volunteers

In order to ensure compliance with the USCCB and the Charter for the Protection of Children and Young People criminal background checks will be performed on all unpaid personnel and volunteers within a parish.

All unpaid staff and volunteers within the parish need to have a background check completed. Catholic Mutual has recommended a firm called “Mind Your Business, Inc.” to conduct a National Sexual Offender Registry Search on all volunteers for a fee of \$3.50 for each request.

Form B-VOL is the authorization release form for a criminal background check. This needs to be filled out by the individual on which the background check is being made. All unpaid personnel and volunteers in your parish need to have a background check completed. They need to fill in their full name, date of birth, gender and social security number. The form needs to be dated, signed and it must be notarized.

The fee for each background check through Mind Your Business, Inc. is \$3.50 and must be paid in advance when you submit the release forms for a background check.

The release forms and your check need to be submitted to:

Reverend Marvin Enneking
Vicar General, Diocese of St. Cloud
The Chancery
P.O. Box 1248
St. Cloud, MN 56302

Your check should be made payable to “The Diocese of St. Cloud”.

Completed criminal background checks from Mind Your Business, Inc. may contain sensitive and personal information about the individuals on whom the criminal background checks have been performed. Results will be kept absolutely confidential. It is required that only the Vicar General will review these results. In the event a background check shows something that would prevent someone from being employed, remaining employed or volunteering within the parish or school, the Pastor will be notified immediately.

Name of Parish

Address

Telephone Number

Account No. _____

Date: _____

This is a Non-Profit Organization pursuant to 501(c)(3) of the Internal Revenue Code.

The following named individual has made application with this organization for:

Volunteer work

⇒ Last Name of Applicant (please print): _____

⇒ First Name (please print): _____

Full Middle (please print): _____

⇒ Maiden, Alias or Former (please print): _____

⇒ Date of Birth: _____ Sex (M or F): _____
Month / Day / Year

⇒ Social Security Number: _____

I authorize Mind Your Business, Inc. to disclose all criminal history record information to the Diocese of St. Cloud for the purpose of employment or otherwise volunteering within this organization.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

X _____
Signature of Applicant

X _____
Date

State of Minnesota
County of _____

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Public

Notary Seal