

**DIOCESE OF CHARLESTON
BACKGROUND SCREENING
BASIC DATA FORM**

Forms must be completed in their entirety to be processed.

For OCPS use: Tracking #: _____

Diocesan Parish/School/Office Use Only:

Parish/School/Office Location: _____

Submitted by: _____

Name: _____ Date: _____
First Middle Last

Maiden Name or Alias

Other Names Used

Permanent Street Address: _____
Street City State Zip Code

Mailing Address if different from above:

P.O. Box

City

State

Zip Code

Home Telephone #: _____ Alternate #: _____

Date of Birth: _____ Social Security #: _____ email : _____

Driver's License #: _____ State of Issue: _____

Are you currently **employed by or applying for employment** with a diocesan school/parish/office? ____ Yes ____ No

What is the title of the position for which you are currently employed or are applying? _____

What are the job responsibilities of the position for which you are currently employed or are applying for (please be specific in your details)?

Are you currently **volunteering or applying to volunteer** with a diocesan school/parish/office? ____ Yes ____ No

What is the title of the position for which you are currently volunteering or applying to volunteer?

What are the job responsibilities of the position for which you are currently volunteering or are applying to volunteer for (please be specific in your details)?

CRIMINAL HISTORY: A Criminal Background Check and a DSS Sex Offender Registry Check is mandatory and will be performed on every individual submitting these forms. Number of years/months you have lived in South Carolina: _____

Please provide any previous addresses in which you have resided for the past five (5) years:

Please note: A Driver's History Report or a check of your Credit History will be processed only if driving or handling money is part of your duties. If so, you must complete the appropriate attached form.

Form #: 2011-01

Revised: 01.03.12

**DIOCESE OF CHARLESTON
EMPLOYEE/VOLUNTEER DRIVER APPLICATION FORM**

The volunteer or employment position for which I am applying:

Requires the operation of a motor vehicle with children as passengers: ____ Yes ____ No

Requires the operation of a motor vehicle without children as passengers: ____ Yes ____ No

An applicant will be restricted from operating a motor vehicle with children as passengers if the applicant has:

- two (2) or more moving violations within the past three (3) years - If only one (1) moving violation within the past three (3) years is discovered, you will be contacted to complete an online safe driving course before being cleared to drive
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

An applicant will be restricted from operating a motor vehicle as part of their job responsibilities if the applicant has:

- three (3) or more moving violations within the past five (5) years
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

If you do not meet the above criteria for driving, we encourage you to volunteer in one of our many other areas of need and reapply when your driving record meets these standards. If your job responsibilities require driving and you do not meet the criteria, please make your supervisor aware of this situation immediately. Please note: if as an employee or volunteer you are cleared to drive as part of your responsibilities and receive a moving violation at any time, you are required to report that information to the Diocesan Safe Environment Manager immediately.

Name of Driver: _____

Address: _____

Drivers License #: _____ (Please attach a copy of your license) State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$100,000/\$300,000 required) **PLEASE ATTACH COPY OF PROOF OF INSURANCE**

Please be aware the driver's insurance is primary in any incident requiring a claim to be made.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Diocesan ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle I operate. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date

Form #: 2011-02

Revised: 02.09.12

**DIOCESE OF CHARLESTON
CREDIT AUTHORIZATION FORM**

CREDIT HISTORY: Please note. A **yes** response will result in a credit history check.

1. Do you now or will your duties as an employee, include access to funds and/or financial decisions for a diocesan office, school and/or parish? ____ Yes. ____ No.

If yes, please explain: _____

2. Do you now or will your duties as a volunteer, include access to funds and/or financial decisions for a diocesan office, school and/or parish? ____ Yes. ____ No.

If yes, please explain: _____

If you answered yes to either of the above listed questions, please provide the requested information below and submit this form, along with the Basic Data Form and Department of Social Services Form to the Safe Environment Coordinator at your parish/school or the HR official handling your employment.

Social Security Number: _____ DOB: _____

Please print name

Signature _____ Date: _____

For use by the Safe Environment Coordinator/Pastor/Principal/HR official only

I authorized a credit check to be performed on this individual whose job/volunteer responsibilities include access to funds and /or the making of financial decisions.

Safe Environment Coordinator, Pastor, Principal, HR official name: _____

Signature: _____ Date: _____

**South Carolina Department of Social Services
 CONSENT TO RELEASE INFORMATION**

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Employment/Volunteer

Mail Results To: Attn: Ms. Bonnie Sigers

Diocese of Charleston

P.O. Box 818 Charleston, SC 29402

**DO NOT
 SEND
 MONEY**

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)

- | | | | |
|---|---------|--|--------|
| <input checked="" type="checkbox"/> Non-Profit Entities | \$8.00 | <input type="checkbox"/> Schools | \$8.00 |
| <input type="checkbox"/> For-Profit Entities | \$25.00 | <input type="checkbox"/> Child Day Care | \$8.00 |
| <input type="checkbox"/> State Agencies | \$8.00 | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |

Please Print or Type: (Complete spelling of name required, first, middle and last – **no initials.**)

Name: _____ DOB: _____ Sex: _____ Race: _____

Maiden/Former Name: _____ Name Change: _____

Place of Birth: _____ SSN: _____

Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
 Telephone (803) 898-7318.

 Signature of Applicant Date

 Signature of Notary or Witness Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

 Authorized DSS Employee Date