

# ATTENTION VOLUNTEERS

**Are you interested in volunteering at St. Odilia School this year?  
We'd love to have you!**

In addition to completing the attached two documents, all volunteers who may have regular or \*unsupervised contact with minors and/or vulnerable adults must complete the "Essential Three" requirements, which must be renewed every three years. Go to [virtus.org](http://virtus.org) to create an account & complete the following:

1. VIRTUS Safe Environment training is a 75-minute online training module to better equip adults in protecting children in the world around them.
2. Background Check - In order to protect those whom we serve, volunteers, must undergo a criminal background check.
3. Code of Conduct - Archdiocesan Code of Conduct for volunteers, establishes standards of ministerial behavior and appropriate boundaries for volunteers.

If you have any questions, please contact Annie Hoffman in our Parish Office.  
[hoffman@stodilia.org](mailto:hoffman@stodilia.org) OR 651-415-3300

Thank you for sharing the gift of service with our school community!



\*This includes field trips, lunch & recess helpers, class parties, mystery readers, coaches, etc.

**Catholic Community of St. Odilia**

**VOLUNTEER APPLICATION**

*Complete before volunteer service begins.*

*Volunteers who will interact with minors and are over 18 years old must also complete a background check.*

**\*\*\*This form is NOT to be used as an employment application\*\*\***

I am applying to be a volunteer at The Church of St. Odilia/St. Odilia School  
(Name of Parish, School, or Archdiocesan Office) (City)

Legal Name: \_\_\_\_\_  
First Middle Last

Previous name, if any: \_\_\_\_\_  
First Middle Last

Preferred Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City County State ZIP Code

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

**VOLUNTEER SERVICE RECORD**

List prior volunteer experience (if any) within the previous 5 years. Attach additional sheets if needed.

1. Organization: \_\_\_\_\_  
Name City State

Phone Number: \_\_\_\_\_ From (Mo. /Yr.) \_\_\_\_\_ to (Mo. /Yr.) \_\_\_\_\_

Volunteer Role: \_\_\_\_\_

2. Organization: \_\_\_\_\_  
Name City State

Phone Number: \_\_\_\_\_ From (Mo. /Yr.) \_\_\_\_\_ to (Mo. /Yr.) \_\_\_\_\_

Volunteer Role: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Completed Application received by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
Initial mm/dd/yyyy Parish, School, or Archdiocesan Office City

Background Check was completed \_\_\_\_\_ online or \_\_\_\_\_ on a paper form.

**123B.03 and the Minnesota Predatory Offender Registry**  
***INFORMED CONSENT***



The following named individual has made application for employment or volunteer service with an organization, The Church of St. Odilia/St. Odilia School in Shoreview, MN,  
*Name of school or parish* *City*  
which utilizes The McDowell Agency to run criminal background checks.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full) (please print): \_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
MM/DD/YYYY

**Sex (M or F):** \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The McDowell Agency and to The Church of St. Odilia/St. Odilia School  
*Name of school or parish*

pursuant to Minnesota State Statute 123B.03 for the purpose of employment or volunteer service at the organization named above which utilizes the services of The McDowell Agency.

This release is valid for one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to The McDowell Agency and to The Church of St. Odilia/St. Odilia School  
*Name of school or parish*

any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and The McDowell Agency and the The Church of St. Odilia/St. Odilia School  
*Name of school or parish*

from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This release is valid for one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_