

~ CATHOLIC DIOCESE OF SPOKANE ~  
**SAFE ENVIRONMENT BACKGROUND CONSENT & TRAINING SUMMARY FORM**  
 (This form replaces forms: 204, 204A, 205, 205A)

**Check one:**                      Initial                      Renewal (5 Year Washington State/Out of State Background Check)

**SECTION 1: To be completed by Clergy/Employee/Volunteer (Please Print)**

Name of Clergy/Employee/Volunteer: \_\_\_\_\_  
   First name                      Middle name                      Last name

Maiden or Alias name(s): \_\_\_\_\_  
   First name                      Middle name                      Last name

Date of Birth: \_\_\_\_\_  
   Month/Day/Year    Name of Parish/School/Entity /                      City

**Consent for Background Check**

I, \_\_\_\_\_ authorize the **Catholic Bishop of Spokane** to make an independent investigation of my background, criminal or police records. I release the **Catholic Bishop of Spokane** and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all sources used. The above information is my true and complete legal name and all the information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**SECTION 2: Complete this section if you have lived outside WA State at any time in the last 3 years:**

Social Security Number: \_\_\_\_\_  
 Former address outside of WA State: \_\_\_\_\_  
   *Please list additional names and address on the backside of this form.*

**SECTION 3: To be completed by Parish/School/Entity Trainer or Coordinator**

Each Parish/School/Entity is responsible for the completion of Washington State Patrol Background check for every volunteer(s). If a volunteer has lived out of the state the past 3 years, please have the volunteer complete sections 1 & 2 of this form, and then send to the Diocesan Office of Education to complete an Out of State Background Check. A copy of the report will be mailed to parish/school/entity.

\_\_\_\_\_  
   Name of Person Completing this Section / Name of Parish/School/Entity / City

**SECTION 4: List the date of training & date each form was signed by the volunteer:**

Safe Environment/Code of Conduct Training		
Code of Conduct signed (form 203)		
Disclosure Statement signed (form 206)		

**SECTION 5: The date the Washington State Patrol Background Check was completed:** \_\_\_\_\_

<p><b>Check one of the following:</b>                  A Positive Match found (Send a copy of findings to the Office of Education along with this document).                  Name of Pastor notified of positive findings: _____                  List Date Pastor Notified of positive findings: _____                  List Action Taken: _____</p>	<p>No Exact Match</p>
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Please retain a copy of this form for your file, and then send to:  
 Office of Education, P.O. Box 1453, Spokane, WA 99210 or e-mail to [jmartin@dioceseofspokane.org](mailto:jmartin@dioceseofspokane.org)