



**DIOCESE OF GAYLORD
EMPLOYEE & VOLUNTEER CRIMINAL BACKGROUND CHECK
AUTHORIZATION AND RELEASE FORM**

(Please be sure to print very clearly)

Parish or School: _____
(Parish/School) _____ (City)

As a church, we all value the safety of children in our care as well as the employees and volunteers and those whom we serve. In a continuing effort to protect our human and material resources, the Diocese of Gaylord requires a criminal history background check and/or driving record check for all employees and volunteers who regularly work with minors. As part of our safe environment program, it is necessary for you to complete this form and authorization. *Please note: This information is being requested only for purposes of identification in obtaining accurate retrieval of records. Disclosure of your Social Security Number is optional but very helpful.*

Information (REQUIRED: Please attach a copy of your driver's license to this form.)

Name (First, Middle, Last): _____ Date of Birth: _____

Driver's License (or State ID): _____ State: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Race: _____ Sex: F ___ M ___ Social Security #: _____

Known by any other name (s) (maiden or aliases): _____

This position _____ Estimated service hours p/month _____

Does this position require regular contact with children/youth (under 18 years of age)? ___Yes ___No

*Volunteer ___ Parish ___ School ___

**Employee ___ Parish ___ School ___

___SE: School Employee

___CPE : Child Protection Employee

___CPV: Child Protection Volunteer

**DIOCESAN POLICY *Volunteers who serve in ministry with minors less than 8 hours a month only need complete this form and do NOT need a fingerprint report.
All employees and those who volunteer more than 8 hours a month are required to obtain a fingerprint report in addition to this form. Please check one of the codes to the left.

Date to begin serving _____ Sent for fingerprinting: Yes ___ No ___

Requesting from another entity _____

Verification

___ I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

___ I have been convicted of, or pled guilty or nolo contendere (no contest) to the following crimes _____

Authorization (Please read prior to signing)

I understand that investigative inquiries on my criminal and/or driving background are to be made on me to assess whether any reason exists that would suggest that I not be accepted for the position. These inquiries will be made according to policies of the Diocese of Gaylord and may be repeated at the discretion of the diocese. I will authorize any individual, company, firm, corporation or public agency to divulge any and all of the above-mentioned information , verbal or written, pertaining to me, to the Diocese of Gaylord, or its agents. Further, I will allow a photocopy of this authorization to be as valid as the original purposes of conducting the necessary investigation.

I understand that upon request I am entitled to receive a copy of the investigative report and may dispute the accuracy of the report within 60 days after its receipt. I further understand that my employment, service and access to minors or other vulnerable persons prior to completion of the background check may be restricted by the Requesting Entity. I further understand that the Requesting Entity may take adverse action regarding my employment or volunteer service after procurement of the above-mentioned information and report, and I hereby release the Requesting Entity, Diocese of Gaylord, and its agents, officials, representatives or assigns from any and all liability or damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of the information procured in compliance with this Authorization and Request to Release.

I understand the information received will be kept confidential and will be used only to determine my suitability to be employed or volunteer for the above-noted position.

(Signature of Employee/Volunteer)

(Date)

(Signature of Pastor/Principal or Supervisor)

(Date)