



Church Employee and Volunteer Criminal Background Check Authorization Form

PLEASE PRINT CLEARLY

Diocese of Kalamazoo

Parish/School: _____
(Church / School Name) (Address) (City) (State) (Zip)

As a Church, we value the safety of children in our care, our employees, volunteers, and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the Diocese mandates that criminal history background checks be conducted for all parish and school employees and all volunteers with regular contact with children, the elderly, the disabled, those functioning as employees or as deemed by the pastor. Please complete this form of basic information about you, which assures the best possible program and safety for all.

Please complete your responses to the following questions and return this form to the designated Administrator for Criminal Background Checks at your Parish or School. Please print clearly.

Authorization: I understand that investigative inquiries on my 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 practices of the hiring entity and will consist of a criminal background check and/or driving record check using the resources of the Diocese of Kalamazoo or a designated outside firm. The information received will be used only to determine my suitability for the above position.

I authorize this criminal background check and/or driving record check to be undertaken and also any party contacted to furnish any and all information requested. A photocopy of this authorization may be considered as valid as the original for purposes of conducting the necessary investigation.

Signature of Applicant/Volunteer/Employee **Date**

NOTE: Date of birth, race and sex are being requested only for purposes of identification in obtaining accurate retrieval of records.

Name		Date of Birth		Sex	Race
Address			City	State	Zip
Known by any other name(s) i.e. maiden, former marriage:					
Home Phone ()			Work Phone ()		
Number of years Lived in Michigan	If less than seven (7) years, list previous residence(s) outside of Michigan				
	Street	City	State	Zip	County
Dates			LIST ADDITIONAL ADDRESSES ON BACK.		
If you have been employed outside the State of Michigan in the past seven (7) years, please provide Name, City, State of employer. They will not be contacted, however a background check will be done in that state(s)		Name of Employer _____			
		City _____		State _____	
		LIST ADDITIONAL ADDRESSES ON BACK			

Identity and date of birth confirmed by photo ID: __ MI State Driver's License; __ MI ID; __ US Military ID; __ Passport __ Other (Please specify _____)	
Signed Name _____	Parish/School Position _____