



Employee and Volunteer Criminal Background Check Disclosure and Authorization Form

Hiring Entity Name: _____

As a church we value the safety of children in our care, our employees and 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 school/church personnel and volunteers, who may have unsupervised contact with a child, the elderly or persons with disabilities. Please complete this form of basic information about you, which assures the best possible program and safety for all and return this form to the designated administrator for criminal background checks at your Parish/School/AOD Central Services.

Name (First, Middle, and Last):		*Date of Birth:	
Known by any other name(s) (Maiden Name/Previous Names or Aliases Used):			
Address:	City:	State:	Zip:
Number of years living in Michigan:		Home Phone:	
Position/Title for which you are seeking/volunteering:			
Email Address:	State:	*Race:	*Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>

Disclosure/Authorization:

The Archdiocese of Detroit hereby discloses and I understand that consumer reports and/or investigative consumer reports on my background may be made, to assess me in connection with hire or volunteer assignment, promotion or reassignment or retention. These reports may be obtained before initial hire or volunteer assignment or during my employment or volunteer assignment and may consist of a criminal history background check, driving record, education verification, employment verification, credit check, and/or personal references using the services of the Archdiocese of Detroit/Department of Human Resources and/or a designated outside firm. The information received, including this form, will be kept confidential and will be used only to determine my suitability to work at the Archdiocese of Detroit, a diocesan school, parish, or agency, or volunteer for the above noted entity.

I authorize the Archdiocese of Detroit or a designated consumer reporting agency to obtain the information and authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

Signature

Date

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