



# VOLUNTEER AND CHURCH PERSONNEL

## CRIMINAL BACKGROUND CHECK

### AUTHORIZATION FORM



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 Archdiocese of Detroit and St. Blase Catholic Church mandates that criminal history background checks be conducted for all employees 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.

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

KNOWN BY ANY OTHER NAME(S) \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH\* \_\_\_\_\_

RACE\*: \_\_\_\_\_ SEX\*: Male [ ] Female [ ]

NUMBER OF YEARS IN MICHIGAN: \_\_\_\_\_ If less than 7 years, previous residence outside of Michigan:

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION REQUIRING BACKGROUND CHECK \_\_\_\_\_

STAFF/MINISTRY LEADER CONTACT: \_\_\_\_\_

#### 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 policies of the hiring entity and will consist of a criminal history background check and/or driving record check using the services of the Archdiocese of Detroit / Department of Human Resources or a designated outside firm. The information received will be kept confidential and will be used only to determine my suitability to work or volunteer in the above noted position and/or ministry.

I 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. I understand that the background check will be reviewed and renewed periodically and I hereby give my unlimited consent for said check(s).

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.