



A foundation of faith and excellence.

St. Joan of Arc

CATHOLIC SCHOOL

22415 Overlake
St. Clair Shores, MI 48080

Church Personnel and Volunteer Criminal Background Check Disclosure and Authorization Form

As a church we value the safety of the 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 mandates that criminal history background checks be conducted for all 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 or School.

Name _____
(Full name with middle initial)

Known by any other name(s) (Maiden Name/Previous Names or Aliases Used)

Birthdate _____ Race _____ Gender _____

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 on me, to assess me in connection with hire or initial assignment, promotion or reassignment or retention. These reports may be obtained before initial hire or assignment or during my employment or assignment and may consist of a criminal history background check, driving record, education verification, employment verification, credit 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 will be kept confidential and will be used only to determine my suitability to work at the Archdiocese of Detroit, or volunteer for the above noted entity.

I authorize the Archdiocese of Detroit to obtain the information and authorize without any 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.