

Church Employee and Volunteer Criminal Background Check Authorization Form



Diocese of Kalamazoo

PLEASE PRINT CLEARLY (Blue or Black Ink Only)

Parish/School Name ST THERESA CATHOLIC Address 430 S MAIN, WAYLAND MI 49348
Phone Number (with area code) 269-792-2016

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 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. All forms will be returned to applicant if not filled out in entirety.

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 valid as the original for purposes of conducting the necessary investigation.

Signature Date

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

Full Name DOB (MM/DD/YY) Sex Race
Address City State Zip Code

Have you ever worked or attended school under another name than listed above? (i.e. maiden name) If yes, please list below

Home Phone (with area code) Work Phone (with area code)

Number of years living in Michigan If you have lived in Michigan less than seven (7) years, list previous residence(s).
Street City, State, Zip
LIST ADDITIONAL ADDRESSES ON BACK.

Position for which you are applying or volunteering

FOR CHURCH/SCHOOL OFFICE USE ONLY - DO NOT WRITE IN THE BOX BELOW

Identity and DOB confirmed by: ☐ MI Driver's License ☐ MI ID ☐ US Military ID ☐ Passport Other (Please specify)
Signed Name Printed Name
Position Phone