



BACKGROUND CHECK AUTHORIZATION FORM FOR VOLUNTEERS AND EMPLOYEES

Parish/School/Organization: _____

Name

City

Administrator: Initial box (es) to indicate which background check(s) may be conducted with authorization:

Criminal	<input checked="" type="checkbox"/>	Credit	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Character/ Personal	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	Credentials	<input type="checkbox"/>	SSN# Verification	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please complete, sign and date this form, and return it to the designated administrator for background checks at your organization.

Required Information

Full Name	Race ¹	Gender ¹ (M/F)	Date of Birth ¹ (Mo/Day/Yr)			
Address	City	State	Zip			
Known by Other Name(s)						
Number of Years in Michigan	Previous residence within or outside of Michigan:					
	a.	Street	City	State	Zip	County
	b.	Street	City	State	Zip	County

Volunteer Position or Job Title Held or Sought with Diocese or Affiliate Organization: _____

Other Information – May be optional or required, depending on position².

Administrator: Circle/highlight additional information if required.

Driver's License/Michigan ID	Social Security Number
Number	State
Expiration Date	

Place of Employment	Address	Work Phone
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Authorization

I understand that investigative inquiries into my background are to be made to assess my suitability for employment or volunteer placement. By signing below, I authorize the Diocese of Grand Rapids or its affiliate organizations or representatives to verify any of the information I have provided, and conduct a check of records and/or references with the appropriate individuals and/or organizations. I authorize any of them to release such information as the Diocese of Grand Rapids or its affiliate organizations require, without any obligation to give me written notice of such disclosure. I hereby release the Diocese or its affiliate organizations or representatives from any liability whatsoever as a result of inquiries or disclosures related to my background or character. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting background investigations.

Signature _____

Date _____

¹ Race, gender, and date of birth are requested only for purposes of accurate identification and will not be used to discriminate or violate privacy.

² The requested information will be held in strictest confidence. Providing all optional information will help ensure an accurate match of records and avoid potential confusion with similarly-named individuals. Should an inaccurate record be matched with your identifying information, you will have an opportunity to correct the record, and take steps to prevent further misuse or violations of your identity.