

## AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the *Archdiocesan Policy on Background Checks* and "A Summary of Your Rights Under the Fair Credit Reporting Act," understand my rights as outlined in that document and, in connection with my work with children or youth in the Archdiocese of New York, authorize the agency where I am applying or currently serve in the Archdiocese, its affiliates, agents, and independent contractors, to make the following background checks during the application/screening process and during the course of my employment/service: criminal history, sex offender registration, and social security number verification.

Further, the information received in connection with this background checks is strictly confidential and will not be released except to the personnel specified in the *Archdiocesan Policy on Background Checks*. Unless I so authorize in writing, the Archdiocese and its independent contractors will not disclose or distribute the information generated from the background checks listed above.

Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

The following information is true and correct to the best of my knowledge: **[PRINT CLEARLY]**

St Columba	Hopewell Junction	392
Parish/Institution Name	City	Institution #

**Check ONLY ONE box** – for the program you facilitate the most at the Parish/Institution that you listed above :

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Parish              | <input type="checkbox"/> Misc              | <input type="checkbox"/> Pre-School (stand alone) |
| <input type="checkbox"/> Religious Education | <input type="checkbox"/> High School Boys  | <input checked="" type="checkbox"/> CYO-Sports    |
| <input type="checkbox"/> Elementary School   | <input type="checkbox"/> High School Girls |   |
| <input type="checkbox"/> Agency              | <input type="checkbox"/> High School Co-Ed |   |

CYO Basketball

Write your **Position** in the above program (e.g., Administrative/Secretary, Catechist, Teacher, Teacher's Aide, CYO-Basketball):

**Check ONLY ONE box:**    Employee    Volunteer    Clergy-Diocesan    Clergy-Extern    Clergy-Relig Order

Legal Name: \_\_\_\_\_

Prefix (e.g. Mr, Mrs, Ms)	First	Middle	Last	Suffix
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Other name used (e.g., nickname, maiden name, religious name, or divorced name) \_\_\_\_\_

Current Address (NO PO Boxes) \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Address (NO PO Boxes) \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Date of Birth\***    |\_\_| |\_\_|    |\_\_| |\_\_|    |\_\_| |\_\_| |\_\_| |\_\_|

Month                      Day                      Year

\*Date of Birth is **REQUIRED**; information is used for identification purposes only. Age is in no way used as a qualification for employment or volunteer service.

**Social Security# (U.S. Issued Only):**    |\_\_| |\_\_| |\_\_| - |\_\_| |\_\_| - |\_\_| |\_\_| |\_\_| |\_\_|

\*\*SSN is **REQUIRED**; If the individual is a foreign citizen and does not have an SSN, leave blank & attach a government issued picture ID to this form .

Daytime Telephone Number: (\_\_\_\_\_) - \_\_\_\_\_

Area Code                      Number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (for minors): \_\_\_\_\_

<b>For Office Use Only</b>
Received: ___/___/___
Entered: ___/___/___