DIOCESE OF GAYLORD EMPLOYEE & VOLUNTEER CRIMINAL BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

(Please be sure to complete both sides and print very clearly.)

Requesting Entity	:(Parish/School)	(City)		
whom we serve. I requires a crimina regularly work wi form and authoriz	Il value the safety of children in a continuing effort to protect I history background check and the minors. As part of our safe eation. Please note: This information in the present of t	our human and material d/or driving record checken vironment program, it rmation is being request	I resources, the D k for all employe is necessary for y ed only for purpo	iocese of Gaylord es and volunteers who you to complete this uses of identification in
Information:				
Name (First, Middle,	Last):		_ Date of Birth: _	
Driver's license (d	or State ID) #:			State:
Address:	C	ity:	State:	Zip:
Work Phone:		Home Phone:		
Race:	Sex: Male	Female Social Sec	curity #:	
Known by any otl	ner name(s) (maiden or aliases)):		
Place of Employn	nent:			
	n Michigan:			
If less than 7 year a. Street:	s, previous residence(s) outside	_ City:	State: State:	_ Zip: _ Zip:
По	ofessional Educator (i.e. certified ffice Staff Musician Eligious Sister Other (plea	☐Single Event Cha	perone	
Does this position	require regular contact with c	hildren/youth (under age 18	s):	□No
Status:	mployee	estimated service hours per me	onth)	
regardless of position fingerprint backgroun	icy requires fingerprinting in additio . Volunteers who serve in ministry values check. Background checks for voluntation on this form.	with minors eight (8) or more	hours per month are	also required to complete a
Sent for fingerpri	nting:			

OVER....

Verification: ☐ I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes. ☐ I have been convicted of, or pled guilty or nolo contendere (no contest) to the following crimes:
Authorization:
I understand that investigative inquiries on my criminal and/or driving 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 Diocese of Gaylord and may be repeated at the discretion of the diocese. authorize any individual, company, firm, corporation or public agency to divulge any and all of the above-mentioned information, verbal or written, pertaining to me, to the Diocese of Gaylord, or its agents. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting the necessary investigation.
I understand that upon request I am entitled to receive a copy of the investigative report and may dispute the accuracy of the report within 60 days after its receipt. I further understand that my employment, service and access to minors or other vulnerable persons prior to completion of the background check may be restricted by the Requesting Entity. I further understand that the Requesting Entity may take adverse action regarding my employment or volunteer service after procurement of the above-mentioned information and report, and I hereby release the Requesting Entity, Diocese of Gaylord, and its agents, officials, representatives or assigns from any and all liability or damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of the information procured in compliance with this Authorization and Request to Release.
I understand the information received will be kept confidential and will be used only to determine my suitabil to be employed or volunteer for the above-noted position.
(Signature of Volunteer/Employee) (Date)

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