

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)

As a church, we all value the safety of children in our care as well as the employees and volunteers and those whom we serve. In a continuing effort to protect our human and material resources, the Diocese of Gaylord requires a criminal history background check and/or driving record check for all employees and volunteers who regularly work with minors. As part of our safe environment program, it is necessary for you to complete this form and authorization. *Please note: This information is being requested only for purposes of identification in obtaining accurate retrieval of records. Disclosure of your Social Security Number is optional but very helpful.*

Information:

Name (First, Middle, Last): _____ Date of Birth: _____

Driver's license (or State ID) #: _____ State: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Race: _____ Sex: Male ___ Female ___ Social Security #: _____

Known by any other name(s) (maiden or aliases): _____

Place of Employment: _____

Number of years in Michigan: _____

If less than 7 years, previous residence(s) outside of Michigan:

a. Street: _____ City: _____ State: _____ Zip: _____

b. Street: _____ City: _____ State: _____ Zip: _____

Position(s): Professional Educator (i.e. certified school teacher) DRE/Youth Minister Catechist
 Office Staff Musician Single Event Chaperone Priest Deacon
 Religious Sister Other (please list) _____

Does this position require regular contact with children/youth (under age 18): Yes No

Status: Employee Volunteer (estimated service hours per month _____)

NOTE: Diocesan policy requires fingerprinting in addition to completion of this form for ALL employees and those paid by stipend – regardless of position. Volunteers who serve in ministry with minors eight (8) or more hours per month are also required to complete a fingerprint background check. Background checks for volunteers working with minors less than eight (8) hours per month will be conducted using information on this form.

Sent for fingerprinting: Yes No

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. I 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 suitability to be employed or volunteer for the above-noted position.

(Signature of Volunteer/Employee)

(Date)



DIocese of GAYLORD

611 West North Street
Gaylord, MI 49735

Phone: 989.732.5147

Fax: 989.705.3589

AUTHORIZATION FOR RELEASE OF RECORDS AND REPORTS

To: _____
(Organization)

Date: _____

(Address)

(City, State, Zip)

You, and all persons associated with you, are hereby authorized to give to the Diocese of Gaylord, or any representatives thereof, a complete report and records received through any criminal background checks through fingerprints, ICHAT or any other means, and copies thereof, and, if they desire to do so, to permit and allow them to examine your original and/or copies of your records and results of any criminal records check relating to me.

Name: _____

Signature: _____

Date of Birth: _____

Witness Signature: _____

Please send the report directly to: Office of the Bishop
Diocese of Gaylord
611 West North Street
Gaylord, MI 49735

If you have any questions, please contact Candace Neff at 989.732.5147.

LIVESCAN FINGERPRINT REQUEST

rev. 01/09

Individuals must take this completed form and a valid picture identification with them to the Live Scan site. Additionally, the payment method must have been arranged either in advance or by presenting the Live Scan technician with a check or money order. Please be certain the appropriate fingerprint reason is checked at the bottom of the page.

Date fingerprinted _____ Type of picture ID presented: _____

APPLICANT INFORMATION

Must provide picture ID to be printed.

Applicant Name: _____
Last, First, Middle

Date of Birth: _____ Race _____ Sex _____

Applicant Address: _____
_____ Zip _____

Applicant Phone Number: _____

REQUESTING AGENCY INFORMATION:

Agency ID: **8558T**

Agency Name: **Diocese of Gaylord**

Reason Fingerprinted (check only one):

_____ **SE** School Employment, MCL 380.1230; Fees: \$62.75
(School Employees)

_____ **CPE** National Child Protection Act - Employee; Fees: \$62.75
(All employees throughout the diocese, including those paid by stipend, regardless of position.)

_____ **CPV** National Child Protection Act – Volunteer; Fees: \$58.75
(Volunteers throughout the diocese who work with minors eight (8) or more hours per month.)

Disclaimer: Any and all fingerprints submitted with incorrect fingerprint codes/reasons, etc. are the responsibility of the requesting agency. The Michigan State Police will charge for second requests due to incorrect fingerprint reason.