



# Church Employee and Volunteer Criminal Background Check Authorization Form

**PLEASE PRINT CLEARLY**

**Diocese of Kalamazoo**

Parish/School: \_\_\_\_\_  
(Church / School Name) (Address) (City) (State) (Zip)

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 history 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.**

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

\_\_\_\_\_  
**Signature of Applicant/Volunteer/Employee**

\_\_\_\_\_  
**Date**

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

Name		Date of Birth		Sex	Race
Address		City		State	Zip
Have you ever worked or attended school under another name than listed above? If yes, please list below.					
Home Phone ( )			Work Phone ( )		
Number of years living in Michigan	<b>If you have lived in Michigan less than seven (7) years, list previous residence(s).</b>				
	Street	City	State	Zip	County
	Dates _____				
Out of state only: Social Security Number: _____					
<b>LIST ADDITIONAL ADDRESSES ON BACK.</b>					
<b>Position for which you are applying or volunteering:</b>					

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

Identity and date of birth confirmed by photo ID: ___ MI State Driver's License; ___ MI ID; ___ US Military ID; ___ Passport ___ Other (Please specify _____)	
Signed Name _____	Parish/School Position _____