



# Volunteer and Church Personnel Criminal Background Check Authorization Form

## Diocese of Helena

Parish \_\_\_\_\_ City \_\_\_\_\_

As a church we value the safety of children in our care, our employees and volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the **Diocese of Helena** mandates that criminal history background checks, driving records and credit checks (employees and volunteer workers working with money only) be conducted for all employees and volunteers who have contact with minors, the elderly or persons with disabilities. Please complete this form of basic information about you, thus assuring the best possible program and safety for all.

I understand that any investigative consumer report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act §603(h), as a report used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I release the **Diocese of Helena**, their respective officers, directors, employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

**The information below is needed for the purpose of positive identification and to complete verification procedures. PLEASE PRINT CLEARLY.**

**Name:** \_\_\_\_\_  
First Middle Last Suffix

**Present Address** \_\_\_\_\_  
Street (Apt#)

City County State Zip **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **SSN** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State Issued** \_\_\_\_\_

**Known By Any Other Name(s)** \_\_\_\_\_ **Race** \_\_\_\_\_

**Prior Address #1** \_\_\_\_\_  
Street (Apt#)

City County State Zip **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Prior Address #2** \_\_\_\_\_  
Street (Apt#)

City County State Zip **From** \_\_\_\_\_ **To** \_\_\_\_\_

I authorize, without reservation, any party contacted to furnish any or all of the above information. I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting the investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date