



Background Check Authorization Form for Volunteers and Employees

In all ministries and programs, we are committed to assure a safe place for our children and young people, and others who may be at risk due to infirmity or disability. Accordingly, the Diocese of Grand Rapids has mandated that criminal history checks be conducted on all employees and volunteers who have regular contact with children or young people. (Ref. Diocesan policy on sexual Abuse of Minors, Section VI, Article D.) Criminal background checks may also be conducted on employees and volunteers who regularly work with at risk adults. We also are obligated to safeguard our property and assets. Other background checks such as employment or character references, driving records, or credit histories may be conducted on select employees or volunteers where their positions include responsibilities for property, assets, or operating vehicles.

In conducting background checks, we will comply with all state requirements, and the federal Fair Credit Reporting Act (FCRA).

Please Note:

- According to the FCRA, we must have your written authorization to conduct a background check. Please give your authorization by completing and signing the *Background Check Authorization Form* we provide.
- On the authorization form, each background check we will be conducting will be indicated by an initialed box. If no box has been initialed, ask your background checks administrator to do so before you sign the form.
- If you do not sign the form and provide all required information, we will not be able to conduct the background check, and we will not be able to place or retain you in a volunteer or employment position.
- In addition to required information, the form also asks for "Other" information. This is information that may be required depending on the type of background check being conducted. In such cases, the administrator will mark or highlight the additional required information.

In other cases, the information requested may be optional. We encourage you to provide all information – required and optional. The more information you provide, the more reliable will be the information we receive. Providing all optional information will help ensure an accurate match of records and avoid potential confusion with similarly-named individuals. Providing your Social Security and Driver's License numbers could also be very helpful to you. If we find a match of an incorrect record with those numbers, you will be able to take steps to correct the records, and ensure there are no actual or potential instances of misuse or theft of your identity.

Be Assured:

- We will conduct only the background checks that are initialed on the form.
- Your information will be held and processed in accordance with strict standards of confidentiality. We will do everything possible to prevent identity theft, and protect your privacy.
- The information you provide will be used only for legitimate employment or volunteer placement purposes, and will not be sold or distributed for other reasons.
- If we find any records or references that might influence a decision to not place or retain you, you will receive all proper notices as required by the FCRA. You will also be able to obtain a copy of the record or other documentation we receive, and contact information for the reporting agency that provided the report. You will have an opportunity to correct any inaccuracies or discrepancies in the report.
- You may request a copy of the *Summary of Your Rights Under the Fair Credit Reporting Act*, prepared by the U.S. Federal Trade Commission, from your background checks administrator. You will receive a copy of the summary of rights if we notify you that we have found a negative report that might cause us to not place or retain you.

Thank you for your cooperation in this important program that will help ensure the safety of those we are committed to protect, and promote greater trust and confidence in our ministries and programs among parents, caretakers, and all others we strive to serve.



BACKGROUND CHECK AUTHORIZATION FORM FOR VOLUNTEERS AND EMPLOYEES

Parish/School/Organization:

Saint Thomas the Apostle Grand Rapids
Catholic School Alma City

Administrator: Initial box (es) to indicate which background check(s) may be conducted with authorization:

Criminal	<input checked="" type="checkbox"/>	Credit	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Character/ Personal	<input type="checkbox"/>
Driving	<input type="checkbox"/>	Credentials	<input type="checkbox"/>	SSN# Verification	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please complete, sign and date this form, and return it to the designated administrator for background checks at your organization.

Required Information

Please Print

Full Name	Race ¹	Gender ¹ (M/F)	Date of Birth ¹ (Mo/Day/Yr)	
Address	City	State	Zip	
Known by Other Name(s)				
Number of Years in Michigan	Previous residence within or outside of Michigan:			
	a.			
	Street	City	State	Zip
b.				
Street	City	State	Zip	

Volunteer Position or Job Title Held or Sought with Diocese or Affiliate Organization:
Parent Volunteer - School

Other Information – May be optional or required, depending on position².

Administrator: Circle/highlight additional information if required.

Driver's License/Michigan ID	Social Security Number
Number	State
Expiration Date	
Place of Employment	Address
	Work Phone

Authorization

I understand that investigative inquiries into my background are to be made to assess my suitability for employment or volunteer placement. By signing below, I authorize the Diocese of Grand Rapids or its affiliate organizations or representatives to verify any of the information I have provided, and conduct a check of records and/or references with the appropriate individuals and/or organizations. I authorize any of them to release such information as the Diocese of Grand Rapids or its affiliate organizations require, without any obligation to give me written notice of such disclosure. I hereby release the Diocese or its affiliate organizations or representatives from any liability whatsoever as a result of inquiries or disclosures related to my background or character. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting background investigations.

Signature _____

Date _____

¹ Race, gender, and date of birth are requested only for purposes of accurate identification and will not be used to discriminate or violate privacy.

² The requested information will be held in strictest confidence. Providing all optional information will help ensure an accurate match of records and avoid potential confusion with similarly-named individuals. Should an inaccurate record be matched with your identifying information, you will have an opportunity to correct the record, and take steps to prevent further misuse or violations of your identity.