Volunteer and Church Personnel Criminal Background Check Authorization Form

Archdiocese of Detroit

Hiring Entity: _____
(Address) (City) (State) (Zip)

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 Archdiocese mandates that criminal history background checks be conducted for all employees and volunteers who may have unsupervised contact with a child, the elderly or persons with disabilities. 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.

Name:		*Date of Birth:	
Address:	City:	State:	Zip:
Known by any other name(s):			

Place of Employment:	Work Phone:	Home Phone:

Number of years in Michigan:	If less than 7 years, previous residence(s) outside of Michigan:
	a. _____ _____ _____ _____ _____ Street City State Zip County
	b. _____ _____ _____ _____ _____ Street City State Zip County

Position(s) you are seeking, if volunteering:

Driver's license #:	State:	*Race:	*Sex: Male ☐ Female ☐

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 policies of the hiring entity and will consist of a criminal history background check and/or driving record check using the services of the Archdiocese of Detroit / Department of Human Resources or a designated outside firm. The information received will be kept confidential and will be used only to determine my suitability to volunteer for the above noted position.

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

In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

_____ _____
(Signature of Volunteer / Church Personnel) (Date)

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