



CHURCH OF THE
DIVINE
CHILD



DIVINE
CHILD
HIGH SCHOOL



DIVINE
CHILD
ELEMENTARY SCHOOL

Employee, Contractor, and Volunteer Criminal Background Check Authorization Form
ENTITY NAME (check all that apply):

☐

Divine Child Parish

☐

Divine Child
Elementary

☐

Divine Child High
School

☐

Divine Child
Athletics/CYO

As a religious organization the safety of children, vulnerable adults, employees, independent contractors, volunteers, parishioners, and the people we serve is paramount. Therefore, criminal history background checks must be conducted for all Archdiocese of Detroit Central Services, parish, and school employees, contractors, and volunteers.

Please complete this form and return it to the designated administrator for criminal background checks at the above named entity.

First, Middle, Last Name: _____ **Date of Birth:** _____

Other Names Known By: _____ ☐ **Male** ☐ **Female**

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

Race: _____ **Years Residing in Michigan:** _____

Home Phone: _____ **Cell Phone:** _____

Position Sought: _____

Have you taken the Protecting God's Children and Vulnerable Adults Course?: ☐ **Yes** ☐ **No**

Name or Email used to register for the Protecting God's Children and Vulnerable Adults Course?:

Name: _____ **Email:** _____

Under the federal Fair Credit Reporting Act, I hereby authorize the above-named entity, the Archdiocese of Detroit, and its designated agents and representatives to conduct a review of my background through the State of Michigan ICHAT to be generated for volunteer activities within the Archdiocese of Detroit parishes and schools. I understand that the scope of this background check may include the following areas: criminal history, including records from any criminal justice agency in any or all federal, state, or county jurisdictions; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records to the Archdiocese of Detroit and its designated agents with any information in their possession regarding me in connection with my intent to volunteer in a parish and/or school in the Archdiocese of Detroit. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based on the consumer report, I will be provided with a copy of the report and a summary of the consumer's rights.

Signature

Date