



(one per parent/guardian)



THE DIFFERENCE IS PRAYER

# 2011/2012 Diocese of Gaylord Volunteer Criminal Background Check Authorization & Release Form



**REQUIRED: Please attach a copy of your driver's license to this form.**

As a school, we all value the safety of children in our care, as well as the volunteers and those whom we serve. In a continuing effort to protect our human and material resources, the Diocese of Gaylord requires a criminal history background check and/or driving record check for all volunteers who regularly work with minors. As part of our safe environment program, it is necessary for you to complete this form and authorization.

## Parent/Guardian

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Race \_\_\_\_\_ Sex: Male / Female \_\_\_\_\_

Known by any other name(s) (maiden or aliases) \_\_\_\_\_ Place of Employment \_\_\_\_\_

## Verification

- I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.
- I have been convicted of, or pled guilty or nolo contendere (no contest) to the following crimes: \_\_\_\_\_
- I have been involved in substantiated abuse or neglect of children or adults.

## Authorization

I understand that investigative inquiries on my criminal and driving background are to be made on me, to assess whether any reason exists that would suggest that I not be accepted for volunteering. These inquiries will be made according to policies of the Diocese of Gaylord and may be repeated at the discretion of the Diocese. I authorize any individual, company, firm, corporation or public agency to divulge any and all of the above mentioned information, verbal or written, pertaining to me, to the Diocese of Gaylord, or its agents. Further I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting the necessary investigation.

I understand that upon request I am entitled to receive a copy of the investigative report and may dispute the accuracy of the report within 60 days after its receipt. I further understand that my service and access to minors or other vulnerable persons prior to completion of the background check may be restricted by GTACS. I further understand that GTACS may take adverse action regarding my service after procurement of the above mentioned information and report, and I hereby release GTACS, Diocese of Gaylord and its agents, officials, representatives or assigns from any and all liability or damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of the information procured in compliance with this Authorization and Request to Release.

I understand the information received will be kept confidential and will be used only to determine my suitability to volunteer for GTACS.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

\*If more than one person in your family will be volunteering at the school, additional copies of this form may be made.



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