

Background Check Authorization – Volunteer

I, _____, in connection with my application as a volunteer for **St. Paul the Apostle Church** parish hereby authorize ScreeningONE to perform a background screening check (including any future screenings, if applicable, and unless revoked by applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of the parish or school, but also for the benefit of everyone in our Diocese. It is no reflection on an applicant.
2. All reports are confidential. All information is obtained in strict compliance with the Fair Credit Reporting Act and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. ScreeningONE may be contacted by writing to: ScreeningONE, Inc., 2233 W. 190th St., Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested by the Diocese of San Bernardino and ScreeningONE.
5. I further release all of the above, including the Diocese of San Bernardino and ScreeningONE, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

Your Signature: _____ Date: _____

Please Print Clearly

Last Name as it appears on legal documents	First Name as it appears on legal documents	Middle Name <input type="checkbox"/> Check if none	Social Security # DO NOT SKIP THIS^
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Female Male DOB: _____ / _____ / _____

Former Name – if more than one use back of page: _____

Date of name change: _____

CURRENT ADDRESS including City, State and Zip: _____

FORMER ADDRESS if less than 7 years, including City, State and Zip: _____

Telephone #: _____

E-mail address: _____

Office Use Only							
Address Verified:	Yes		No		By what means:		
\$30 Fee Collected		If yes Receipt #:				Fee Not Needed	
Staff Initials:		Date:					