AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the *Archdiocesan Policy on Background Checks* and "*A Summary of Your Rights Under the Fair Credit Reporting Act.*" understand my rights as outlined in that document and, in connection with my work with children or youth in the Archdiocese of New York, authorize the agency where I am applying or currently serve in the Archdiocese, its affiliates, agents, and independent contractors, to make the following background checks during the application/screening process and during the course of my employment/service: criminal history, sex offender registration, and social security number verification.
Further, the information received in connection with this background checks is strictly confidential and will not be released except to the personnel specified in the *Archdiocesan Policy on Background Checks*. Unless I so authorize in writing, the Archdiocese and its independent contractors will not disclose or distribute the information generated from the background checks listed above.
Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

The following information is true and correct to the best of my knowledge: ***[PRINT CLEARLY]***

FEARLESS MINISTRIES, INC. | **Hopewell Junction NY** | 99950

Parish/Institution Name | City | **Institution #**

Check ONLY ONE box – for the program you facilitate the most at the Parish/Institution that you listed above **:**

- ☐ Parish
- ☐ Religious Education
- ☐ Elementary School
- ☑ Agency
- ☐ Misc
- ☐ High School Boys
- ☐ High School Girls
- ☐ High School Co-Ed
- ☐ Pre-School (stand alone)
- ☐ CYO-Sports

Write your **Position** in the above program (e.g., Administrative/Secretary, Catechist, Teacher, Teacher's Aide, CYO-Basketball):

Check ONLY ONE box: ☐ Employee ☐ Volunteer ☐ Clergy-Diocesan ☐ Clergy-Extern ☐ Clergy-Relig Order

Legal Name: _____
Prefix(e.g. Mr, Mrs, Ms) First Middle Last Suffix

_____
Other name used (e.g., nickname, maiden name, religious name, or divorced name)

_____ |__|__| _____
Current Address (NO PO Boxes) Apt City State Zip

_____ |__|__| _____
Prior Address (NO PO Boxes) Apt City State Zip

Date of Birth* |__|__| |__|__| |__|__|__|__|
Month Day Year

*Date of Birth is ***REQUIRED***; information is used for identification purposes only. Age is in no way used as a qualification for employment or volunteer service.

Social Security# (U.S. Issued Only): |__|__|__|-|__|__|-|__|__|__|__|

****SSN is ***REQUIRED; If the individual is a foreign citizen and does not have an SSN, leave blank & attach a government issued picture ID to this form .***

Daytime Telephone Number: (_____) - _____
Area Code Number

Signature: _____ Date: _____

Parent's Signature (for minors): _____

Revised Form 12/2021

For Office Use Only

Received: ___/___/____

Entered: ___/___/____