



**ST. MARY SCHOOL/DIOCESE OF GAYLORD  
EMPLOYEE & VOLUNTEER CRIMINAL BACKGROUND CHECK  
AUTHORIZATION AND RELEASE FORM**



*(Please be sure to print very clearly)*

**Parish or School:** \_\_\_\_\_  
(Parish/School) (City)

As a church, we all value the safety of children in our care as well as the employees and 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 employees and volunteers who regularly work with minors and shut-ins. As part of our safe environment program, it is necessary for you to complete this form and authorization. *Please note: This information is being requested only for purposes of identification in obtaining accurate retrieval of records.*

**Information (REQUIRED: Please present a copy of your driver's license to parish/school staff for verification)**

**LEGAL Name (First, Middle, Last):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Known by any other name (s) (maiden or aliases):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Race:**  White  Black  Asian/Pacific Islander  American Indian/Alaska Native  Unknown/Other

**Sex:**  Female  Male

**Position Title:** \_\_\_\_\_ Estimated service hours per month \_\_\_\_\_

Does this position require regular contact with children/youth (under 18 years of age)?

Yes  No

**Employee:**  Parish  School

**Volunteer:**  Parish  School

SE: School Employee

CPE : Child Protection Employee

CPV: Child Protection Volunteer

**Date to begin serving:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sent for fingerprinting:**  Yes  No

**Requesting from another entity** \_\_\_\_\_

**DIOCESAN POLICY \*Volunteers who serve in ministry with minors and shut-ins less than 8 hours a month only need complete this form and do NOT need a fingerprint report.**

**\*All school employees and volunteers who volunteer 8 hours or more a month with children are required to obtain a fingerprint report in addition to this form.**

**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 \_\_\_\_\_

**Authorization (Please read prior to signing)**

I understand that investigative inquiries on my criminal and/or driving 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 Diocese of Gaylord and may be repeated at the discretion of the diocese. I will 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 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 employment, service and access to minors or other vulnerable persons prior to completion of the background check may be restricted by the Requesting Entity. I further understand that the Requesting Entity may take adverse action regarding my employment or volunteer service after procurement of the above-mentioned information and report, and I hereby release the Requesting Entity, 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 be employed or volunteer for the above-noted position.

\_\_\_\_\_  
(Signature of Employee/Volunteer)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Pastor/Principal/Supervisor)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)