## Archdiocesan Criminal Background Check Authorization Form

Entity Name: St. Joseph Catholic Parish & School

First, Middle, Last Name \*

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 on 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.

Date of Birth\*

Have you resided in the State of Michigan for the last 7

			consecutive ye	ars? YES NO
-	Other names known by			
7	Address*	City*	State *	Zip Code*
	Home Phone	Cell phone		
1	Email address	Race*		
I	Male* □ Female* □			
Ī	Position sought			
_	*THESE FIELDS ARE REQUIRED TO BE FILLED OUT			<del></del>
Arch may in a	kground through the State of Michigan ICHA ndiocese of Detroit parishes and schools. I un include the following areas: criminal history, ny or all federal, state, or county jurisdictions registration; and any other public records.	nderstand that the scope including records from a	of this bac ny criminal	kground check justice agency
me I am	authori ndiocese of Detroit and its designated agents in connection with my intent to volunteer in a n authorizing that a photocopy of this authorizinal.	parish and/or school in the	heir posse ne Archdic	ession regarding scese of Detroit.
take	derstand that, pursuant to the federal Fair Cr en based on the consumer report, I will be pro consumer's rights.	redit Reporting Act, if any ovided with a copy of the	adverse a report and	action is to be a summary of
Si	ignature	Date		