



DIOCESE OF ROCHESTER AND ITS AFFILIATED EMPLOYERS
BACKGROUND CHECK
NOTIFICATION and AUTHORIZATION for VOLUNTEERS

PREFACE

In response to the issue of sexual abuse of children by those in the employ of the Church, the United States Bishops in 2002 adopted the *Charter for the Protection of Children and Young People*. One of the provisions of the *Charter* calls for each diocese in the country to implement checks to determine if a current or prospective volunteer who works with minor children and youth has a criminal record or is listed on any sex offender registry. The Diocese extends that protection to vulnerable adults too. Because these checks are conducted on behalf of the Parish/Diocese by a third party they are subject to the Fair Credit Reporting Act; however, these checks **do not** seek information related to an individual's credit history or credit worthiness. The purpose of the check will be to verify the individual's identity and to ascertain if there is any previous criminal record. **A report on your credit history will not be requested or obtained.**

It is important to note that the purpose of this authorization form is to obtain background checks to help maintain a safe environment for children, young people and vulnerable adults. In order for these record checks to occur, the authorization must be signed. The Fair Credit Reporting Act provides the opportunity to address any negative information gained as a result of the criminal record check. In addition, by signing this authorization the individual does not waive any rights under the Fair Credit Reporting Act.

A. NOTIFICATION THAT A CONSUMER REPORT MAY BE OBTAINED

In compliance with the Fair Credit Reporting Act, 15, U.S.C. §1681 et seq., as amended, and applicable state law, this notice is to inform you that a consumer report may be obtained in connection with your volunteer service at _____.

Name and location of parish/institution

The Fair Credit Reporting Act includes within the definition of consumer reports such documents as credit bureau reports, motor vehicle records, sex offender records, and criminal records.

B. AUTHORIZATION TO OBTAIN CONSUMER REPORT

By signing below, I certify that I have received written notification that _____
Name and location of parish/institution

or its agent, AUTHENTICA, may obtain information for a consumer report including checks of public records relating to criminal convictions, sex offender records and data associated with my Social Security Number available through credit bureaus to verify my Social Security Number and motor vehicle records.

*I authorize _____ or its agent, AUTHENTICA, to obtain such a report
Name and location of parish/institution
for use in connection with my volunteer service.*

This authorization does not include authorization to obtain a report on my credit history or credit worthiness.

I hereby authorize _____ or its agent,



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Name and location of parish/institution

AUTHENTICA, to contact the individuals, employers, and organizations referenced in my application and I also authorize those individuals, employers, or organizations to provide the _____ or its

Name and location of parish/institution

agent, AUTHENTICA, with all information regarding general character and fitness for volunteer service.

Signature of Volunteer

Date

Release of Claims

I hereby release all parties, including AUTHENTICA, from liability for any damage that may result from furnishing such information to _____.

Name and location of parish/institution

By this release I do not relinquish my rights under the Fair Credit Reporting Act.

Volunteer Information

Applicant's Name PRINTED	Social Security Number	Date
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Other last names/Alias/AKA's used in last 7 years*	Applicant's Date of Birth *+
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**(Utilized for criminal and academic checks only)*

Please list all **Addresses** that you have lived in within the last **seven (7)** years including the current one.

Address	State	Years of Residency		Zip Code
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

Email Address: _____

Cell Phone Number: _____

NYS Department of Motor Vehicles (DMV) check required:

Yes No

Driver's License # _____

State _____



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Signature of Volunteer _____ *Date*

Verification of birth date (Parish / Institution representative must verify birth date by checking one of the following forms of identification and signing below).

Driver's license

Birth Certificate

Passport

Signature of Parish/Institution Representative _____ *Date*