

**AUTHORIZATION – VOUNTEER**

I \_\_\_\_\_ in connection with my application as a volunteer for **Sacred Heart Church** herby authorize Screening One 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 sate laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190<sup>th</sup> Street, 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 Screening One.
5. I further release all of the above, including the Diocese of San Bernardino and Screening One, to the full extent permitted by law, form 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 \_\_\_\_\_

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR INDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR INDENTIFICAITION ONLY. SOCIAL SECURITY NUMBER IS OPTIONAL, **BUT ENSURES ACCURACY AND AVOIDS DELAY**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      SSN                      -                      -                      \_\_\_\_\_

**F**      **M**      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Must Provide DOB**                      Former Names                      Date of Name Change  
IF MORE THAN ONE NAME, PLEASE USE THE BACK OF THIS PAPER

**CURRENT ADDRESS:**

\_\_\_\_\_

**ADDRESS VERIFIED WITH ID**    YES      NO

**FORMER ADDRESS:** \_\_\_\_\_

**LOCAL ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_      **CELL:** \_\_\_\_\_

**MINISTRY:** \_\_\_\_\_

**SACRED HEART PARISHIONER:**    YES       NO       **MEMBER NUMBER:** \_\_\_\_\_

Additional parishes or schools to notify: \_\_\_\_\_