Diocese of Albany New York
40 North Main Avenue
Albany, New York 12203
(518) 453-6600

Please circle one:

Volunteer Employee

AUTHORIZATION AND CONSENT FOR A PERSONAL AND/OR PROFESSIONAL BACKGROUND CHECK

I grant permission to and authorize the Roman Catholic Diocese of Albany, New York and/or its agent to conduct a personal and/or professional background check on me for the purpose of employment or to volunteer working with children in programs either directly or indirectly under the auspices of the Diocese.

I understand this information and any report from it is strictly confidential. At this time, and until informed in writing to the contrary, I hereby authorize and direct the release to the Roman Catholic Diocese of Albany, New York and/or its authorized agents any information concerning: employment, education, criminal record, allegations of abuse or sexual harassment, and/or any other relevant information.

I hereby release and agree to hold harmless from liability any person or organization that provides information to the Roman Catholic Diocese of Albany, New York, and its employees, officers and directors, or any authorized representatives as a result of this authorization and consent.

I grant authorization and consent to the Roman Catholic Diocese of Albany, New York to conduct a criminal background check, conviction records check, abuse registry check, and driving record check for the purpose of my employment or my volunteer service to the Roman Catholic Diocese of Albany, New York and it's affiliated corporations and/or agencies.

I understand and agree that statements and/or omissions regarding past conduct and/or present situations maybe grounds for being asked to withdraw from my position as either a paid employee or as a volunteer.

PLEASE BE SURE YOU HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT FORM.

_____ _____/_____/_____
Signature of Applicant Date

_____ _____/_____/_____
Signature of Witness Date

Required information: **PLEASE PRINT CLEARLY**

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____/_____/_____ Social Security Number (SSN)_____

Street Address: (No P.O. Boxes Please)_____

_____

Sex: **Female** **Male** (**Please circle one**) Phone Number:_____

Drivers License State: _____ Driver License Number:_____

REFUSAL TO UNDERGO A BACKGROUND SCREENING

I refuse to undergo a background screening and I understand this may directly affect my employment status or my volunteer service to this Parish, School, or Agency.

_____ ____/____/____
Signature of Applicant Date