

# Roman Catholic Diocese of Albany New York

## 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 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 its affiliated corporations and/or agencies.

I understand and agree that statements and/or omissions regarding past conduct and/or present situations may be grounds for removal from my position as either a paid employee or as a volunteer.

***Background checks are not done on anyone under 18 years of age. Youth Code of Conduct is required.***

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

\_\_\_\_\_  
Signature of Applicant  
Parish/School/Agency & City (Please Print Clearly): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Printed name of Witness

\_\_\_\_\_  
Date

### REQUIRED INFORMATION:

Please ***PRINT CLEARLY*** (Please circle one) Volunteer or Employee

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ - -

Address: (No P.O. Boxes) \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ (Please circle one) Female Male

Driver 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