

Catholic Charities Background Check Authorization

Last name _____ First _____ Middle _____

Other Names/Maiden/Alias _____

Race _____ Gender at Birth (circle) Male Female

Social Security # _____ Date of Birth (MM/DD/YYYY) _____

Driver's License # _____ State of Driver's License _____

Present Address _____

City _____ State _____ Zip _____

Previous Addresses in Last 7 Years _____

Phone _____ Email _____

I am providing the information below voluntarily. I understand that Catholic Charities may use and disclose the information to conduct inquiries into my background (for example, criminal background checks), as allowed under federal, state or local law, for purposes of arriving at an employment/volunteer decision. To the extent that such inquiries require my consent, I hereby give my consent for Catholic Charities to obtain such background information and for federal, state, or local agencies contacted by Catholic Charities to provide it.

I release Catholic Charities and its agents or affiliates, and any other person, entity or its affiliates from any and all liability arising out of the furnishing or receipt of the above information. Any duplicate of this Authorization and Release shall be considered valid as an original.

By signing this document, I understand I am giving Catholic Charities of the Diocese of Fort Wayne-South Bend, Inc. the authorization to run the information provided on this form through the following databases:

- Dru Sjodin National Sex Offenders Search
- Indiana State Police Limited Criminal History Search
- OneSource Background Check

Print Name _____

Signature _____ Date _____