

AUTHORIZATION – VOLUNTEER

I \_\_\_\_\_ in connection with my application as a volunteer for \_\_\_\_\_ St. Catherine of Siena School \_\_\_\_\_ hereby authorize Screening One (“ScreeningOne”) 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 school, but also for the benefit of everyone in our Diocese. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.
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 state 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, from 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 IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH IS OPTIONAL, **BUT ENSURES ACCURACY AND AVOIDS DELAY.***

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Social Security Number

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

F     M                       Former Names                      Date of Name Change  
IF MORE THAN 1 NAME, PLEASE USE THE BACK OF THIS PAPER

MINISTRY: PARENT VOLUNTEER

E-MAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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

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

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