

RELEASE AND AUTHORIZATION – For Volunteers

Roman Catholic Diocese of Charlotte

For Employer Use Only: Diocesan Location Must Complete This Section

Volunteering for _____

Requesting Parish, Agency, Department or School _____

Signature of Requesting Official _____ Date _____

Mail completed form to: **Diocese of Charlotte Human Resources Department, 1123 S. Church Street, Charlotte, NC 28203, or Fax to: 704-370-3223**

Volunteer Section:

Authorization – I _____ in connection with my application for volunteer position with the Diocese of Charlotte, hereby authorize the Diocese of Charlotte and ScreeningOne, Inc. to perform a pre-volunteer background screening check (including future screenings for retention 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 Diocese of Charlotte as a sound business practice, but also for the benefit of all volunteers. It is no reflection on an applicant. I have read and understand the Background Verification Disclosure at the bottom of this page.
2. All reports are confidential, and provided to Diocese of Charlotte for volunteer decisions only. Consumer credit information including credit reports (**only if applicable to the position**) are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination 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. ScreeningOne may be contacted by writing to: **ScreeningOne, Inc., 1860 N. Avenida Republica de Cuba, Tampa, FL 33605.**
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 to Diocese of Charlotte or Screening One.
5. I further release all of the above, including Diocese of Charlotte and ScreeningOne, 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.

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 ENSURES ACCURACY AND AVOIDS DELAY.

Please Print

MINISTRY _____

Name (First, Middle, Last) _____ Date of Birth (Mo. /Day/Yr.) ____/____/____

Former Name(s) _____ Date of Name Change ____/____/____

Current Address (if less than one year at current address, please include previous address)

1. Street (no P.O. boxes please) _____

City, State, Zip _____ Dates From: _____ To: _____

2. Street (no P.O. boxes please) _____

City, State, Zip _____ Dates From: _____ To: _____

Background Verification Disclosure – This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service, including retention as a volunteer. This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

Your signature _____ Date _____