

DIOCESE OF SAVANNAH



CATHOLIC PASTORAL CENTER
601 EAST LIBERTY STREET
SAVANNAH, GA 31401-5196
PHONE (912) 201-4100
FAX (912) 201-4101

DIOCESE OF SAVANNAH CRIMINAL BACKGROUND CHECK AUTHORIZATION

Consumer Notification and Authorization

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 employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor. Renewal reports for retention are normally required at five year intervals, or as specifically designated by diocesan policy.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

To Whom It May Concern:

I understand that a consumer report as described above may be obtained. All law enforcement agencies, State Police and courts are authorized to release all written information about me. I give permission for a criminal background check to be conducted on me and hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information.

I have been given a copy of this form.

Print Legal Name: First _____ M.I. _____ Last _____

Signature _____

Current Physical Address (preferably not a P.O. Box) _____

City _____ State _____ Zip Code _____

Date of Birth (for identification purposes only) _____

Social Security Number _____

If name changed (through marriage or otherwise) print former name here _____

Are you a paid employee or a volunteer? _____

Please return this form to your parish or school office upon completion

I. Dissemination

The *Code of Conduct for Those Working with Minors* will be given to all diocesan and parish employees as well as to volunteers.

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ACKNOWLEDGEMENT

I have read and understand the *Code of Conduct for Those Working with Minors*. I voluntarily agree to abide by these standards and conduct myself in complete accord with them.

Name: _____

Position: _____

Name of parish, school or institution: _____

City: _____

Signature: _____

Date: _____

Please retain this in the individual's personnel file. Signed by all employees & volunteers.

July 31, 2003