



BACKGROUND CHECKS FOR VOLUNTEERS AND EMPLOYEES

In all ministries and programs, we are committed to assure a safe place for our children and young people, and others who may be at risk due to infirmity or disability. Accordingly, the Diocese of Grand Rapids has mandated that criminal history checks be conducted on all employees and volunteers who have regular contact with children or young people [Ref. Diocesan Policy on Sexual Abuse of Minors, Section VI, Article D.] Criminal background checks may also be conducted on employees and volunteers who regularly work with at risk adults. Other background checks such as driving records may be conducted on select employees or volunteers where their positions include responsibilities operating vehicles.

In conducting background checks, we will comply with all state requirements, and the federal Fair Credit Reporting Act (FCRA).

Please Note:

- According to the FCRA, we must have your written authorization to conduct a background check. Please give your authorization by completing and signing the *Background Check Authorization Form* we provide.
- On the authorization form, each background check we will be conducting will be indicated by an initialed box. If no box has been initialed, ask your background checks administrator to do so before you sign the form.
- If you do not sign the form and provide all required information, we will not be able to conduct the background check, and we will not be able to place or retain you in a volunteer or employment position.

Be Assured:

- We will conduct only the background checks that are initialed on the form.
- Your information will be held and processed in accordance with strict standards of confidentiality. We will do everything possible to prevent identity theft, and protect your privacy.
- The information you provide will be used only for legitimate employment or volunteer placement purposes, and will not be sold or distributed for other reasons.
- If we find any records or references that might influence a decision to not place or retain you, you will receive all proper notices as required by the FCRA. You will also be able to obtain a copy of the record or other documentation we receive, and contact information for the reporting agency that provided the report. You will have an opportunity to correct any inaccuracies or discrepancies in the report.
- You may request a copy of the *Summary of Your Rights Under the Fair Credit Reporting Act*, prepared by the U.S. Federal Trade Commission, from your background checks administrator. You will receive a copy of the summary of rights if we notify you that we have found a negative report that might cause us to not place or retain you.

Thank you for your cooperation in this important program that will help ensure the safety of those we are committed to protect, and promote greater trust and confidence in our ministries and programs among parents, caretakers, and all others we strive to serve.



BACKGROUND CHECK AUTHORIZATION FORM FOR VOLUNTEERS AND EMPLOYEES

Parish/School/Organization: _____

Name

City

Administrator: Initial box(es) to indicate which background check(s) may be conducted with authorization:

Criminal

Driving

Please complete, sign and date this form, and return it to the designated administrator for background checks at your organization.

Required Information

Full Name	Race/Ethnic Group ¹	Gender ¹ (M/F)	Date of Birth ¹ (Mo/Day/Yr)		
Address	City	State	Zip		
Known by Other Name(s)					
Number of Years in Michigan	Previous residence within or outside of Michigan:				
	a.				
	Street	City	State	Zip	County
	b.				
Street	City	State	Zip	County	
Volunteer Position or Job Title Held or Sought with Diocese or Affiliate Organization:					

Authorization

I understand that investigative inquiries into my background are to be made to assess my suitability for employment or volunteer placement. By signing below, I authorize the Diocese of Grand Rapids or its affiliate organizations or representatives to verify any of the information I have provided, and conduct a check of records and/or references with the appropriate individuals and/or organizations. I authorize any of them to release such information as the Diocese of Grand Rapids or its affiliate organizations require, without any obligation to give me written notice of such disclosure. I hereby release the Diocese or its affiliate organizations or representatives from any liability whatsoever as a result of inquiries or disclosures related to my background or character. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting background investigations.

Signature _____

Date _____

¹ Race/Ethnic Group, gender, and date of birth are requested only for purposes of accurate identification and will not be used to discriminate or violate privacy.



BACKGROUND CHECK AUTHORIZATION FORM FOR VOLUNTEERS AND EMPLOYEES

Parish/School/Organization: _____
Name City

Administrator: Initial box(es) to indicate which background check(s) may be conducted with authorization:

Criminal Driving

Please complete, sign and date this form, and return it to the designated administrator for background checks at your organization.

Required Information

Full Name		Race/Ethnic Group ¹	Gender ¹ (M/F)	Date of Birth ¹ (Mo/Day/Yr)	
Address		City	State	Zip	
Known by Other Name(s)					
Number of Years in Michigan	Previous residence within or outside of Michigan:				
	a.				
	Street	City	State	Zip	County
b.					
Street	City	State	Zip	County	
Volunteer Position or Job Title Held or Sought with Diocese or Affiliate Organization:					

Authorization

I understand that investigative inquiries into my background are to be made to assess my suitability for employment or volunteer placement. By signing below, I authorize the Diocese of Grand Rapids or its affiliate organizations or representatives to verify any of the information I have provided, and conduct a check of records and/or references with the appropriate individuals and/or organizations. I authorize any of them to release such information as the Diocese of Grand Rapids or its affiliate organizations require, without any obligation to give me written notice of such disclosure. I hereby release the Diocese or its affiliate organizations or representatives from any liability whatsoever as a result of inquiries or disclosures related to my background or character. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting background investigations.

Signature _____

Date _____

¹ Race/Ethnic Group, gender, and date of birth are requested only for purposes of accurate identification and will not be used to discriminate or violate privacy.