



DIOCESE OF ROCHESTER AND ITS AFFILIATED EMPLOYERS  
**BACKGROUND CHECK**  
**NOTIFICATION and AUTHORIZATION for VOLUNTEERS**

**PREFACE**

In response to the issue of sexual abuse of children by those in the employ of the Church, the United States Bishops in 2002 adopted the *Charter for the Protection of Children and Young People*. One of the provisions of the *Charter* calls for each diocese in the country to implement checks to determine if a current or prospective volunteer who works with minor children and youth has a criminal record or is listed on any sex offender registry. The Diocese extends that protection to vulnerable adults too. Because these checks are conducted on behalf of the Parish/Diocese by a third party they are subject to the Fair Credit Reporting Act; however, these checks **do not** seek information related to an individual's credit history or credit worthiness. The purpose of the check will be to verify the individual's identity and to ascertain if there is any previous criminal record. **A report on your credit history will not be requested or obtained.**

It is important to note that the purpose of this authorization form is to obtain background checks to help maintain a safe environment for children, young people and vulnerable adults. In order for these record checks to occur, the authorization must be signed. The Fair Credit Reporting Act provides the opportunity to address any negative information gained as a result of the criminal record check. In addition, by signing this authorization the individual does not waive any rights under the Fair Credit Reporting Act.

**A. NOTIFICATION THAT A CONSUMER REPORT MAY BE OBTAINED**

In compliance with the Fair Credit Reporting Act, 15, U.S.C. §1681 et seq., as amended, and applicable state law, this notice is to inform you that a consumer report may be obtained in connection with your volunteer service at \_\_\_\_\_.

*Name and location of parish/institution*

*The Fair Credit Reporting Act includes within the definition of consumer reports such documents as credit bureau reports, motor vehicle records, sex offender records, and criminal records.*

**B. AUTHORIZATION TO OBTAIN CONSUMER REPORT**

By signing below, I certify that I have received written notification that \_\_\_\_\_  
*Name and location of parish/institution*

or its agent, AUTHENTICA, may obtain information for a consumer report including checks of public records relating to criminal convictions, sex offender records and data associated with my Social Security Number available through credit bureaus to verify my Social Security Number and motor vehicle records.

*I authorize \_\_\_\_\_ or its agent, AUTHENTICA, to obtain such a report  
Name and location of parish/institution  
for use in connection with my volunteer service.*

**This authorization does not include authorization to obtain a report on my credit history or credit worthiness.**

I hereby authorize \_\_\_\_\_ or its agent,



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*Name and location of parish/institution*

AUTHENTICA, to contact the individuals, employers, and organizations referenced in my application and I also authorize those individuals, employers, or organizations to provide the \_\_\_\_\_ or its

*Name and location of parish/institution*

agent, AUTHENTICA, with all information regarding general character and fitness for volunteer service.

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

**Release of Claims**

I hereby release all parties, including AUTHENTICA, from liability for any damage that may result from furnishing such information to \_\_\_\_\_.

*Name and location of parish/institution*

By this release I do not relinquish my rights under the Fair Credit Reporting Act.

**Volunteer Information**

<b>Applicant's Name PRINTED</b>	<b>Social Security Number</b>	<b>Date</b>
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<b>Other last names/Alias/AKA's used in last 7 years*</b>	<b>Applicant's Date of Birth *+</b>
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*\*(Utilized for criminal and academic checks only)*

Please list all **Addresses** that you have lived in within the last **seven (7)** years including the current one.

<b>Address</b>	<b>State</b>	<b>Years of Residency</b>		<b>Zip Code</b>
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

NYS Department of Motor Vehicles (DMV) check required:

Yes  No

Driver's License # \_\_\_\_\_

State \_\_\_\_\_

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

Verification of birth date (Parish / Institution representative must verify birth date by checking one of the following forms of



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identification and signing below).

**Driver's license**

**Birth Certificate**

**Passport**

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*Signature of Parish/Institution Representative*

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*Date*