VOLUNTEER Background Check Authorization

$3.50 each

_____

Name of Parish/School or Organization

_____

_____

Parish/School Address

This is a Non-Profit Organization pursuant to 501(c)(3) of the Internal Revenue Code.
The following named individual has requested **volunteer work** for this organization:

PLEASE COMPLETE THE FOLLOWING AND **PRINT CLEARLY**

LAST Name _____

FIRST Name _____

FULL MIDDLE Name _____

Maiden, Alias or Former _____

Date of Birth ____ / ____ / ____ **Gender** Male or Female
Month / Day / Year

Please list all additional states that you have resided in during the past 7 years:

_____

I authorize **Mind Your Business, Inc.** to disclose all criminal history record information to The Diocese of St. Cloud for the purpose of volunteering or otherwise within this organization. I understand that I may be asked to provide my social security number for verification if duplicate records are found.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature. PLEASE SIGN AND DATE THIS FORM.

_____ _____

Signature of Applicant **Date**

Revised July 2017