AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the *Archdiocesan Policy on Background Checks* and "*A Summary of Your Rights Under the Fair Credit Reporting Act,*" understand my rights as outlined in that document and, in connection with my work with children or youth in the Archdiocese of New York, authorize the agency where I am applying or currently serve in the Archdiocese, its affiliates, agents, and independent contractors, to make the following background checks during the application/screening process and during the course of my employment/service: criminal history, sex offender registration, and social security number verification.

Further, the information received in connection with this background checks is strictly confidential and will not be released except to the personnel specified in the *Archdiocesan Policy on Background Checks*. Unless I so authorize in writing, the Archdiocese and its independent contractors will not disclose or distribute the information generated from the background checks listed above.

Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

The following information is true and correct to the best of my knowledge: ***[PLEASE PRINT CLEARLY]***

Parish/Institution Name: St. Malachy - Actors Chapel Institution #: **N/A**

Parish/Institution Address: 239 West 49th Street New York NY 10019

Program you will be serving (e.g., CYO, School, Parish, Religious Education): Night to Shine - Tim Tebow Foundation

Position (e.g., CYO-Basketball, Teacher, Youth Minister, Catechist,): Volunteer

Name: _____
Prefix First Middle Last Suffix

If your use of any other name (e.g., nickname or maiden name) is necessary to complete a background check, please list the name(s) here:

_____

(Must check ONE box)

- ☐ Employee
- ☒ Volunteer
- ☐ Clergy – Diocesan
- ☐ Clergy – Extern
- ☐ Clergy – Relig.Order

Current Address:
|___| |___| |___| |___| _____ |___| |___| _____ _____
Street Number Street Name (No PO Boxes) City, State Zip Years @ address

Prior Address:
|___| |___| |___| |___| _____ |___| |___| _____ _____
Street Number Street Name (No PO Boxes) City, State Zip Years @ address

Date of Birth* |____| |____| |____| |____| |____| |____| |____| |____|
Month Day Year

*Date of Birth is ***REQUIRED***; information is used for identification purposes only. Age is in no way used as a qualification for employment or volunteer service.

Social Security #:** |____| |____| |____| - |____| |____| - |____| |____| |____| |____|

SSN is ***REQUIRED; If the individual is a foreign citizen and does not have an SSN, a government issued picture ID must accompany this form for processing.*

Daytime Telephone Number: (_____) - _____
Area Code Number

Signature: _____ Date: _____

Parent's Signature (for minors): _____

For Office Use Only

Received SEP: ___/___/_____

Entry date: ____/____/_____

REVISED 3/2013

PLEASE FAX ASAP TO THE SAFE ENVIRONMENT OFFICE: (212) 421-1801
OR Scan and Email to **colin.nykaza@archny.org**