



DIocese OF ORANGE

AUTHORIZATION – VOLUNTEER

OFFICE USE ONLY: DO NOT WRITE IN THIS BOX

Applicant must provide at least two forms of proof of ID. As well as one Utility Bill. Check appropriate box

- California Driver's License DMV ID Card Out of state Driver's License Matricula Consular Other: _____
- Utility Bill _____

I _____ in connection with my application as a volunteer for _____ Parish School (please circle one) hereby authorize Screening One ("ScreeningOne") to perform a background screening check (including any future screenings, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of the parish or school, but also for the benefit of everyone in our Diocese. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential. All information is obtained in strict compliance with the Fair Credit Reporting Act, and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested by the Diocese of Orange and ScreeningOne.
5. I further release all of the above, including the Diocese of Orange and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

Your signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH IS OPTIONAL, BUT ENSURES ACCURACY AND AVOIDS DELAY.

 Last Name First Name Middle Name Social Security Number

DOB: ____/____/____

 Former Names Date of Name Change
IF MORE THAN 1 NAME, PLEASE USE THE BACK OF THIS PAPER

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

FORMER ADDRESS: _____

Additional parishes or schools to notify: _____
