



DIOCESE OF ALLENTOWN
 OFFICE OF CATHOLIC HEALTH,
 HUMAN SERVICES, AND YOUTH PROTECTION
 OFFICE OF THE SECRETARY
 POST OFFICE BOX F
 ALLENTOWN, PENNSYLVANIA 18105-1538

#10
 Checklist

**Background Check Authorization Form for:
 Lay Employees, Volunteers, Contactors, & Religious**

Have you resided in the State of Pennsylvania for more than a year?
 Yes _____ No _____

UEID _____

Does position require interaction with children? Yes ___ No ___

- | | |
|------------------------------|----------------------------------|
| Location Type: | Diocesan Position: |
| <input type="radio"/> Parish | <input type="radio"/> Contractor |
| <input type="radio"/> School | <input type="radio"/> Employee |
| <input type="radio"/> Both | <input type="radio"/> Priest |
| | <input type="radio"/> Religious |
| | <input type="radio"/> Teacher |
| | <input type="radio"/> Volunteer |

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____ Female
Last First Middle Male

Alias(es) _____ Race _____
Last First Middle

Date of Birth: ___/___/___ Social Security Number _____
Mm dd yyyy Employees Only

Current Address: _____
Street Address Apartment Number

City State Zip Code

Phone: _____ Email Address: _____

Diocesan Location _____
Site Name (IE St. Joseph) City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquires and sharing this information with another Roman Catholic Diocese, as necessary.

Signature Date

- * Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.
- * Parish /School must retain a copy of this completed form in the employee/volunteer's file.
- * Fair Credit Reporting Act (FCRA) Summary of Rights on reverse side of form.