DIOCESE OF ALLENTOWN

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

Background Check Authorization Form

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

Does position require interaction with children? Yes____ No ____

Location Type:
- O Catholic Charities
- O Parish
- O School
- O Both

Diocesan Position:
- O Contractor
- O Deacon
- O Employee
- O Prep/CCD Volunteer
- O Priest
- O Religious
- O School Teacher
- O Volunteer

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____
Last **First** **Middle**

O **Female**
O **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.