BACKGROUND CHECK AUTHORIZATION FORM

ARCHDIOCESE OF SAN FRANCISCO
OFFICE OF CHILD & YOUTH PROTECTION
TEL: 415.614.5576 OR 415.614.5504
FAX: 415.614.5658

It is the policy of the Archdiocese of San Francisco that, due to the nature of the position for which you have applied to work or volunteer, you may not begin your work with children until a background evaluation is completed.

Instructions: Answer all items ◆ Use ink ◆ Print clearly. Incomplete or illegible forms can't be processed.

Confidentiality: Information received resulting from this background check will remain confidential.

1. Your Name: _____
   First Middle Last

2. I am applying to be a (Check one): Volunteer or Employee

3. At a (Check one): Parish School Other Agency or Organization

4. Name: _____ 5. City: _____
   Name of Parish / School / Organization

6. POSITION for which you are applying: _____

7. CA Driver's License # or State ID #: _____

8. Home Address: _____
   Street Address

   _____ _____ _____
   City State Zip Code

9. Home Phone: (_____) _____ 10. Work Phone: (_____) _____

11. Date of Birth: _____ 12. Social Security #: _____-_____-_____
    Month / Day / Year

I understand that the information I have provided will be verified and used to evaluate my suitability for working with the Archdiocese of San Francisco by contacting any agency authorized by law to provide criminal records or information to the Archdiocese (e.g. California Department of Justice Megan's Law/Sex Offender Tracking Program & Registry). I hereby release and agree to hold harmless from liability any person, parish or organization that provides information. I also agree to hold harmless the parish, the Roman Catholic Archbishop of San Francisco, the Archdiocese of San Francisco and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct the best of my knowledge.

_____
Signature of Applicant Date

This applicant's identity was verified by:

_____
PRINT Name & Title of Person who VERIFIED Information

_____
Signature Date

I.D. Used to Verify Applicant Information:
☐ CA Drivers License (Check one)
☐ CA State ID Card
☐ Passport
☐ Other (specify): _____
ID Expiration Date: _____