

VOLUNTEER BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

I hereby authorize ChoicePoint Services, Inc. on behalf of the Diocese of San Diego, to procure an investigative consumer report about me. I understand that this is required as a condition of my volunteer service with (enter name of Parish) _____.

The report may include, but is not limited to, a social security number verification (for present and former address matching); criminal and civil history/record; other public records; and any other information bearing on my character or trustworthiness that may be material to my qualifications for volunteer service within the Diocese. The report will not include any investigation of my credit history or my immigration status with the U.S. government.

I further authorize any person, business entity or governmental agency who may have relevant information about me to disclose it to the Diocese through ChoicePoint, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies, regardless of whether the person, business entity or governmental agency compiled the information itself or received it from other sources. The Diocese and ChoicePoint will treat my personal information as confidential and will not release it to any other agencies.

I release the Diocese of San Diego and ChoicePoint, and all officers and agents of these entities, from any and all liability/claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring and/or assisting with the compilation or preparation of the investigative consumer report hereby authorized.

The following information is needed to confirm your identity; please fill in as much as possible:

PRINTED NAME: _____
First Middle Last
Maiden name or other names used

Date of Birth: _____ Social Security Number: _____

Telephone number: _____

Present Resident Address:
Street Number/P.O. Box, Street Name
City State Zip Code County

Former Address (If present residence is less than 7 years):
Street Number/P.O. Box, Street Name
City State Zip Code County

Driver's License Number: _____ STATE ISSUED: _____

Passport Number: _____ Country of Issue: _____

Other ID Number: _____ ID Type: _____

Under CA law, you have a right to receive a free copy of the investigative consumer report by checking the box below. It will be mailed to you (unless there is no report).
YES, I would like a free copy of my investigative consumer report.

The above information is true and correct to the best of my knowledge:

SIGNATURE: _____ DATE: _____