

BACKGROUND CHECK AUTHORIZATION FORM

VOLUNTEER

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

As part of the process of determining your eligibility for, volunteering or internship and, in the event you volunteer your continued volunteering or internship with the Diocese of Bridgeport may conduct an investigation of your background by obtaining a consumer report or investigative consumer report relating to you from a consumer reporting agency of its choice. The report may contain information bearing on your criminal history and/or motor vehicle history.

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. I acknowledge receipt of a copy of my rights under the Fair Credit Reporting Act. If the Diocese of Bridgeport intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act. I hereby release all contributing parties or sources from whom any information is lawfully obtained, from any and all claims or liability which is in any way related to this or any background investigation and preparation of any consumer report or investigative consumer report.

I hereby authorize the Diocese of Bridgeport to make an independent investigation of my background by obtaining a consumer report relating to me from **Mind Your Business, Inc. ("MYB")** I understand and agree that the information contained in any consumer report will be used to determine eligibility for volunteering and, if I asked to volunteer, my eligibility for continued volunteering, and that action may be taken by the Diocese of Bridgeport based on this information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Diocese of Bridgeport by and through **MYB**, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, **including alcohol and controlled substance information from previous employers**. To assist the Diocese of Bridgeport in obtaining a consumer report, the following information is provided:

MA, MN, OK, NY, ME, WA, NJ, and CA applicants only: If you want a free copy of the report(s) ordered, check this box .

Full Name (Printed)

First	Middle	Last	Maiden/Other
-------	--------	------	--------------

Signature _____ Date _____

Complete Residence Address

Street Number/ PO Box	Street Name
-----------------------	-------------

City	State	Zip Code	County
------	-------	----------	--------

Date of Birth* _____ **Social Security Number *** _____ *(optional for volunteers)*
(*You may elect to call MYB directly at (888) 758-3776 with this information)

Driver's License Number _____ State Issued _____

Daytime Telephone Number _____ Email _____

Please list all additional residences that you have resided in during the past 7 years:

Street Number/ PO Box	Street Name	City	State	Zip	County
-----------------------	-------------	------	-------	-----	--------

Street Number/ PO Box	Street Name	City	State	Zip	County
-----------------------	-------------	------	-------	-----	--------

Street Number/ PO Box	Street Name	City	State	Zip	County
-----------------------	-------------	------	-------	-----	--------

*This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.