THE ARCHDIOCESE OF SAN ANTONIO



CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

**Please print as neatly as possible and fill out both sides. Illegible forms will be returned.

First	Mid	dle	Last	
Other last names used in the pa	ast five years:			
Current address:				
	Street	City	State	Zip
Work phone #:	Home	phone #:		
E-Mail Address:				
Date of birth:		Gender: Male	Female _	
Oriver's license #:		State		
Name of Parish, School, or Ago	ency:			
Name of Volunteer Position or	Job Title with Parish	, School or Agency:		
Will this position require you t	o work or volunteer c	onsistently (more than	one time) wit	h
FOR OFFICE USE ONLY:		onsistently (more than	one time) wit	h
minors? Yes No		onsistently (more than	one time) wit	h
FOR OFFICE USE ONLY:		onsistently (more than	one time) wit	h

Have you <u>ever</u> been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for <u>any</u> violation of the law? (You do not need to disclose minor traffic violations.)YESNO
If you answered "YES", please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:
I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.
I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement, and investigations.
I understand that a criminal background check will be conducted every three years, or as needed, per Archdiocesan policies, and I hereby give permission to the Archdiocese to conduct future criminal background checks without further written authorization.
I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.
I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.
The statements made by me on this form are true, correct, accurate and complete and are made in good faith.
I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.
Signature: Date:

You must answer the following: