



**Diocese of Arlington**  
**Criminal Background History Check Authorization**

**Please complete this form and return it to your supervisor. A criminal Background Check is required for continued employment or volunteer service within all organizations of the Diocese.**

**Please print information ...**

<b>First Name</b> _____	<b>Initial</b> _____	<b>Last Name</b> _____
_____	_____	_____/_____/_____ <b>Date of birth (month/day/year)</b>
<b>list maiden name or other names used</b>		
<b>Address</b> _____	<b>City</b> _____	<b>Zip</b> _____
<b>Home phone</b> _____	<b>How long have you lived in Virginia?</b> _____	
<b>List other states you have lived in over the last 10 years</b>		
_____		
<b>Social Security Number</b> _____	<b>Sex</b>	<b>Female    Male</b>

I hereby give my permission for the Diocese of Arlington to obtain information relating to my criminal history record. I understand that as long as I remain an employee or volunteer, the Criminal History Records check may be repeated at any time. I understand that I will have an opportunity to review the Criminal History and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors hereby release and forever discharge the Diocese of Arlington and each of its officers, employees, and agents from and against any and all causes of action, charges, liabilities, claims including court costs, expenses and attorneys fees, resulting from the investigation of my background in connection to my employment/volunteer assignment with the Diocese of Arlington.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Parish or Organization \_\_\_\_\_ Prospective employee? Yes / No

Day-Care? Yes/No

Please circle any volunteer positions you are applying for    School    CCD/Religious Ed.

Parish Nursery    Scouts    Youth Ministry    Children's Liturgy    Other \_\_\_\_\_