

VOLUNTEER APPLICATION FORM AND CONSENT TO CRIMINAL RECORDS CHECK
FOR YOUTH MINISTER VOLUNTEER POSITION

Print or type the following information and return it to the Parish as soon as possible.

List all areas of volunteer work at St. Basil, ex) LifeTeen, PSR Teacher, Coach, etc.

Name

(Last) (First) (Middle)

Address _____

Phone Number _____ Date of Birth _____

Sex _____ Height _____

Ohio Resident for More than 5 Years? _____ YES _____ NO
If not, please list addresses and dates for the past five years on the back of this sheet.

Did you attend college outside the state of Ohio? _____ YES _____ NO

Social Security # _____ Driver's License or State ID # _____

Alias or Name Changes (aka)

Have you ever resigned any employment in lieu of termination? _____ YES _____ NO

Have you ever been charged with, convicted of, or pleaded guilty or no contest to a crime against
any person (child or adult)? _____ YES _____ NO

If yes, please explain _____

(attach a separate sheet if necessary)

Have you ever committed any act of child abuse, corruption or sexual misconduct against a
minor or been charged with, convicted of or pled guilty to such an act?
_____ YES _____ NO

If yes, please explain _____

(attach a separate sheet if necessary)

I, _____, (please print name) hereby authorize St. Basil the
Great Catholic Church to provide the information contained in this form along with my fingerprints to the
FBI and the State of Ohio Bureau of Criminal Investigation and Identification (BCII) in order to conduct a
criminal records check. I authorize the FBI and BCII to release any information. I authorize the FBI and
BCII to release any records of arrests or convictions contained in any criminal file maintained on me
regardless of whether the file is a local, state or national file. Such records may be released to the fullest
extent permitted by state and federal law. I release the FBI, BCII and St. Basil the Great Church from all
liability that may result from any such disclosure made in response to this request.

A photocopy of this authorization shall be as effective as the original. This authorization shall remain in
force until I specifically revoke it in writing. Accordingly, checks may occur at any time during my
association with St. Basil.

Signature _____ Date _____