

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 _____