



St. Augustine Catholic School

67901 Howard St; Richmond, MI 48062

Phone: (586) 727-9365

www.staugustinecatholicschool.com

Archdiocesan Criminal Background Check Authorization Form

Entity Name: _____

As a religious organization, the safety of children, vulnerable adults, employees, independent contractors, volunteers, parishioners, and the people we serve is paramount. Therefore, criminal history background checks must be conducted on all Archdiocese of Detroit Central Services, parish, and school employees, contractors, and volunteers.

Please complete this form and return it to the designated administrator for criminal background checks at the above-named entity.

First, Middle, Last Name *	Date of Birth*	Have you resided in the State of Michigan for the last 7 consecutive years? YES NO	
Other names known by			
Address*	City*	State *	Zip Code*
Home Phone	Cell phone		
Email address	Race*		
Male* ____ Female* ____			
Position sought			

*THESE FIELDS ARE REQUIRED TO BE FILLED OUT

Under the federal Fair Credit Reporting Act, I hereby authorize the above-named entity, the Archdiocese of Detroit, and its designated agents and representatives to conduct a review of my background through the State of Michigan ICHAT to be generated for volunteer activities within the Archdiocese of Detroit parishes and schools. I understand that the scope of this background check may include the following areas: criminal history, including records from any criminal justice agency in any or all federal, state, or county jurisdictions; motor vehicle records, including traffic citations and registration; and any other public records.

I, , authorize the complete release of these records to the Archdiocese of Detroit and its designated agents with any information in their possession regarding me in connection with my intent to volunteer in a parish and/or school in the Archdiocese of Detroit. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based on the consumer report, I will be provided with a copy of the report and a summary of the consumer's rights.

Signature _____ Date _____