



FOR VOLUNTEERS

Authorization For Release Of Information
For new and current volunteers, required to continue ministry

Name (Last, First, MI, and Maiden Name, if applicable):	Birth Date (MM/DD/YY):
--	-------------------------------

Provide home addresses for the past seven years, most recent first:

Street, Apt. #	City	State	Zip	County

I understand that my continued service with the Diocese of Fort Worth,

_____ **(Parish or School Name)** _____ **(Position)**

is conditional, pending the satisfactory completion of a:

- criminal background investigation

I authorize the Diocese of Fort Worth and _____ **(parish or school name)** to conduct a criminal background check, arrest records check and abuse registry check for the purposes of my continued service as a volunteer.

I hereby authorize law enforcement agencies, administrators, state agencies and other public or private entities which may possess the above mentioned information to furnish such information to the diocese or its agent.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this release authorization shall be as valid as the original.

I hereby release the Diocese of Fort Worth, the parish, the school, its agents, and all persons, agencies, and entities providing information or reports about me, from any and all liability arising of the request for or release of any of the above mentioned information or reports.

Signature: _____ **Date:** _____

<p>For Diocesan Use Only</p> <p>The following has been completed and its results are satisfactory:</p> <p><input type="checkbox"/> Criminal Background Investigation</p> <p>_____</p> <p>Mark Simeroth, Director of Personnel Date</p>
--