



Release for Background Check

In connection with my request to serve as a volunteer or Independent Contractor, I understand that investigative inquiries on my background, in accordance with all state and federal laws, will be made on my, and may include information as to my personal character, mode of living, general reputation, and other qualities pertinent to my service. I understand that the **Diocese of Joliet** and/or **Premier InfoSource** may make inquiries about any criminal history and driving history. Furthermore, I understand that the **Diocese of Joliet** and/or **Premier InfoSource** may request information from various federal, state and other agencies that maintain such records. I authorize, without reservation, any party, including, but not limited to, law enforcement agencies, state, **Premier InfoSource** to furnish any and all of the above mentioned information. In addition, I hereby release the **Diocese of Joliet** and **Premier InfoSource** from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to the **Diocese of Joliet** and/or **Premier InfoSource** the above mentioned information as requested, in order to successfully complete a criminal background investigation for my request to serve as an unpaid volunteer and/or Independent Contractor. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined necessary by the **Diocese of Joliet** and/or **Premier InfoSource**.

**I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.*

PLEASE TYPE OR PRINT CLEARLY IN INK

Name (First) (Middle) (Last)

Street Address City State Zip

Home Phone Work Phone Cell Phone

Email Address

*Date of Birth *Sex *Race

Full Social Security Number Driver's License # State Issued

Print Name Signature

Date

List all Ministries you serve with, at St. Raphael: _____

