



DIOCESE OF JOLIET

Volunteer/Independent Contractor Release

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 me, 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 First Advantage BACKGROUND CHECK COMPANY may make inquiries about any criminal history and driving history.

Furthermore, I understand that the Diocese of Joliet and/or First Advantage BACKGROUND CHECK COMPANY 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 First Advantage BACKGROUND CHECK COMPANY to furnish any and all of the above mentioned information. In

addition, I hereby release the Diocese of Joliet and First Advantage BACKGROUND CHECK COMPANY 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 First Advantage BACKGROUND CHECK COMPANY 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 First Advantage BACKGROUND CHECK COMPANY.

***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.**

NAME _____

ADDRESS _____

TELEPHONE (Home) _____ (Work) _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____

*DATE OF BIRTH ____/____/____ *SEX _____ *RACE _____

SIGNATURE _____ DATE _____

DIOCESE OF JOLIET _____ n/a

AGENCY _____ n/a DESIGNATED OFFICIAL



ACKNOWLEDGEMENT

This is to acknowledge that I have received and reviewed a copy of the

___ Policy Regarding Sexual Abuse of Minors revised 2013

___ Standards of Behavior for Those Working with Minors revised 2014

I understand that I am responsible to become familiar with the contents of the above documents. I agree to abide by and to conduct myself in complete accord with them.

(Please print clearly)

Name _____

Position Volunteer

Agency, parish, institution ASCA

City Naperville

Signature _____

Date _____

This form is to be completed, signed and returned to the parish/school/agency for which you will be working/volunteering.

Priests and Deacons only:

This form is to be completed, signed and returned to the Chancery or Deaconate Office by mail or fax