

St. Edward The Confessor

2 TEIBROOK AVENUE, SYOSSET, NEW YORK 11791

Phone: 516-921-8543 • Fax: 516-249-7326 • Email: rpettei@st-edwards.org

SCREENING CONSENT AND DISCLOSURE FORM

PLEASE PRINT. If necessary, please use additional paper to answer questions below.

ENTITY: _____

NAME: _____
First, Middle, Last

OTHER NAMES USED (MAIDEN, SURNAME, ALIAS): _____

GENDER: Male Female HEIGHT: _____' _____" EYE COLOR: _____

RACE: American Indian/Alaskan Native, Asian, Black or African American, Hispanic or Latino, Pacific Islander, White

CURRENT ADDRESS: _____

PRIOR ADDRESSES (within the last 10 years): _____

PHONE: _____ SSN: _____ DATE OF BIRTH: _____

RELEASE AUTHORIZATION

1. In connection with my application and continuation as a Volunteer or Employee, I understand the Entity named above (hereinafter "Entity") or its designee will obtain information as to my possible criminal history, valid Social Security number and/or registration on any State's sex abuse registry from ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. 1-800-367-5933 or HireRight, 4500 South 129 East Avenue, Suite 200, Tulsa, Oklahoma 74134-5885. 1-877-858-4165.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this Release Statement shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution or information service bureau contacted by the Entity or its designee, to furnish the information requested by the Entity or its designee. I understand that the Roman Catholic Diocese of Rockville Centre, New York (the "Diocese") provides administrative services to the Entity and, in such capacity, is an entity for the purpose of this Release Statement.
4. I understand that information obtained in the reports may be used by the Entity in making a continued volunteer or employment decision. I further understand that failure to consent to the release of reports detailing a possible criminal background and a Social Security number validation will render me ineligible for consideration and, if hired, for continuing my status as a volunteer or employee with the Entity.

I understand that the information requested above is the information required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that, to the extent such information is not public information, it is confidential and will not be used for any other purposes. I hereby release the Entity and the Diocese, and the Bishop thereof, and all of their employees and agents, and all persons, agencies, and entities providing information or reports about me, from any liability arising out of requests for or release of any of the above-mentioned information or reports.

SIGNATURE: _____ TODAY'S DATE: _____

THIS PAGE CONTAINS SENSITIVE INFORMATION TO BE KEPT ONLY IN SECURE FILES.