

# **NOTIFICATION AND RELEASE – Volunteers**

## **Roman Catholic Diocese of Charlotte**

**For Employer Use Only:** Please mark (x) the searches to be conducted.

Volunteer Screening Package (National Criminal File Search, State Sexual Offender Search, Social Security Number Check)  
 Additional Check as Relevant to Position (Please specify) \_\_\_\_\_

**Position Applied for** \_\_\_\_\_

**Requesting Parish, Agency, Department or School** \_\_\_\_\_

**Signature of Requesting Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail completed form to: Diocese of Charlotte Human Resources Department, 1123 S. Church Street, Charlotte, NC 28203, or Fax to: 704-370-3223**

### **VOLUNTEER SECTION**

**Authorization** – During the application process and at any time during the tenure of my volunteer status with the Diocese of Charlotte, I hereby authorize ChoicePoint Services, Inc., on behalf of the Diocese to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

**Background Verification Disclosure** – This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service, including retention as a volunteer. This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

**List all names that you have used during the last seven (7) years (including married, maiden, or aliases) Please Print**

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth (Mo./Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name or "AKA" (First, Middle, Last) \_\_\_\_\_ Dates Used (Mo./Day/Yr.) from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**Current and Previous Address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS** (Use extra page if necessary) (Month/Year)

Street \_\_\_\_\_ From \_\_\_\_\_

City, State, Zip \_\_\_\_\_ To CURRENT

Street \_\_\_\_\_ From \_\_\_\_\_

City, State, Zip \_\_\_\_\_ To \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_

City, State, Zip \_\_\_\_\_ To \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signature Required*