



**DIOCESE OF ALLENTOWN**  
 OFFICE OF CATHOLIC HEALTH,  
 HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
 POST OFFICE BOX F  
 ALLENTOWN, PENNSYLVANIA 18105-1538

**Background Check Authorization Form for:  
 Lay Employees, Volunteers, Contactors, & Religious**

Have you resided in the State of Pennsylvania for more than a year?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Does position require interaction with children? Yes \_\_\_ No \_\_\_

UEID \_\_\_\_\_

- |                              |                                  |
|------------------------------|----------------------------------|
| Location Type:               | Diocesan Position:               |
| <input type="radio"/> Parish | <input type="radio"/> Contractor |
| <input type="radio"/> School | <input type="radio"/> Employee   |
| <input type="radio"/> Both   | <input type="radio"/> Priest     |
|                              | <input type="radio"/> Religious  |
|                              | <input type="radio"/> Teacher    |
|                              | <input type="radio"/> Volunteer  |

**PERSONAL INFORMATION - PLEASE PRINT**

**Full Name** \_\_\_\_\_  Female  
 Last First Middle  Male

**Alias(es)** \_\_\_\_\_ **Race** \_\_\_\_\_  
 Last First Middle

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ **Social Security Number** \_\_\_\_\_  
 Mm dd yyyy Employees Only

**Current Address:** \_\_\_\_\_  
 Street Address Apartment Number  
 \_\_\_\_\_  
 City State Zip Code

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Diocesan Location** \_\_\_\_\_  
 Site Name (IE St. Joseph) City (Bethlehem)

**ACKNOWLEDGEMENT SIGNATURE**

*I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquires and sharing this information with another Roman Catholic Diocese, as necessary.*

\_\_\_\_\_  
 Signature Date

- \* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.
- \* Parish /School must retain a copy of this completed form in the employee/volunteer's file.
- \* Fair Credit Reporting Act (FCRA) Summary of Rights on reverse side of form.