



BACKGROUND CHECKS FOR VOLUNTEERS AND EMPLOYEES

In all ministries and programs, we are committed to assure a safe place for our children and young people, and others who may be at risk due to infirmity or disability. Accordingly, the Diocese of Grand Rapids has mandated that criminal history checks be conducted on all employees and volunteers who have regular contact with children or young people [Ref. Diocesan Policy on Sexual Abuse of Minors, Section VI, Article D.] Criminal background checks may also be conducted on employees and volunteers who regularly work with at risk adults. We also are obligated to safeguard our property and assets. Other background checks such as employment or character references, driving records, or credit histories may be conducted on select employees or volunteers where their positions include responsibilities for property, assets, or operating vehicles.

In conducting background checks, we will comply with all state requirements, and the federal Fair Credit Reporting Act (FCRA).

Please Note:

- According to the FCRA, we must have your written authorization to conduct a background check. Please give your authorization by completing and signing the *Background Check Authorization Form* we provide.
- On the authorization form, each background check we will be conducting will be indicated by an initialed box. If no box has been initialed, ask your background checks administrator to do so before you sign the form.
- If you do not sign the form and provide all required information, we will not be able to conduct the background check, and we will not be able to place or retain you in a volunteer or employment position.
- In addition to required information, the form also asks for "Other" information. This is information that may be required depending on the type of background check being conducted. In such cases, the administrator will mark or highlight the additional required information.

In other cases, the information requested may be optional. We encourage you to provide all information – required and optional. The more information you provide, the more reliable will be the information we receive. Providing all optional information will help ensure an accurate match of records and avoid potential confusion with similarly-named individuals. Providing your Social Security and Driver's License numbers could also be very helpful to you. If we find a match of an incorrect record with those numbers, you will be able to take steps to correct the records, and ensure there are no actual or potential instances of misuse or theft of your identity.

Be Assured:

- We will conduct only the background checks that are initialed on the form.
- Your information will be held and processed in accordance with strict standards of confidentiality. We will do everything possible to prevent identity theft, and protect your privacy.
- The information you provide will be used only for legitimate employment or volunteer placement purposes, and will not be sold or distributed for other reasons.
- If we find any records or references that might influence a decision to not place or retain you, you will receive all proper notices as required by the FCRA. You will also be able to obtain a copy of the record or other documentation we receive, and contact information for the reporting agency that provided the report. You will have an opportunity to correct any inaccuracies or discrepancies in the report.
- You may request a copy of the *Summary of Your Rights Under the Fair Credit Reporting Act*, prepared by the U.S. Federal Trade Commission, from your background checks administrator. You will receive a copy of the summary of rights if we notify you that we have found a negative report that might cause us to not place or retain you.

Thank you for your cooperation in this important program that will help ensure the safety of those we are committed to protect, and promote greater trust and confidence in our ministries and programs among parents, caretakers, and all others we strive to serve.



BACKGROUND CHECK AUTHORIZATION FORM FOR VOLUNTEERS AND EMPLOYEES

Parish/School/Organization: _____
Name City

Administrator: Initial box(es) to indicate which background check(s) may be conducted with authorization:

Criminal		Credit		Employment		Character/ Personal	
Driving		Credentials		SSN# Verification		Other	

Please complete, sign and date this form, and return it to the designated administrator for background checks at your organization.

Required Information

Full Name	Race/Ethnic Group ¹	Gender ¹ (M/F)	Date of Birth ¹ (Mo/Day/Yr)		
Address	City	State	Zip		
Known by Other Name(s)					
Number of Years in Michigan	If less than 10 years, previous residence(s) outside of Michigan:				
	a.	City	State	Zip	County
	b.	City	State	Zip	County

Volunteer Position or Job Title Held or Sought with Diocese or Affiliate Organization:

Other Information – May be optional or required, depending on position².

Administrator: Circle/highlight additional information if required.

Driver's License/Michigan ID	Social Security Number			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Number</td> <td style="width: 30%; border-bottom: 1px solid black;">State</td> <td style="width: 40%; border-bottom: 1px solid black;">Expiration Date</td> </tr> </table>	Number	State	Expiration Date	
Number	State	Expiration Date		
Place of Employment	Address	Work Phone		

Authorization

I understand that investigative inquiries into my background are to be made to assess my suitability for employment or volunteer placement. By signing below, I authorize the Diocese of Grand Rapids or its affiliate organizations or representatives to verify any of the information I have provided, and conduct a check of records and/or references with the appropriate individuals and/or organizations. I authorize any of them to release such information as the Diocese of Grand Rapids or its affiliate organizations require, without any obligation to give me written notice of such disclosure. I hereby release the Diocese or its affiliate organizations or representatives from any liability whatsoever as a result of inquiries or disclosures related to my background or character. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting background investigations.

Signature _____

Date _____

¹ Race/Ethnic Group, gender, and date of birth are requested only for purposes of accurate identification and will not be used to discriminate or violate privacy.

² The requested information will be held in strictest confidence. Providing all optional information will help ensure an accurate match of records and avoid potential confusion with similarly-named individuals. Should an inaccurate record be matched with your identifying information, you will have an opportunity to correct the record, and take steps to prevent further misuse or violations of your identity.



TERMS OF EMPLOYMENT

Position: _____

Prospective Employee Name: _____

Terms Approved By: _____
Name *Title* *Date*

Salary/Wages, Hours, and Benefits Terms: *I, the undersigned, do understand and agree:*

Annual Salary/ Hourly Rate:		Est. Hours per Week:	
Work Days:			
Start Date:		Scheduled Probationary Period End <i>(May be revised)</i>:	
Benefits Eligibility: <small><i>(These are a summary only. Complete descriptions are available in the Personnel Manual. Statements made here or elsewhere do not supersede Diocesan policies.)</i></small>	Full	Pro-Rated	None
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Position Specific Terms: *I, the undersigned, do understand and agree:*

1. I have read and understood the position description for my job, and know the job duties and responsibilities.
- 2.
- 3.
- 4.
- 5.
- 6.

General Terms: *I, the undersigned, do understand and agree:*

1. All employment at the Diocese is on an at-will basis, and may be terminated by myself or the Diocese at any time for any cause or no cause. No one at the Diocese has any authority to offer employment other than on an at-will basis. The Diocese's decisions on all employment related matters are final, and are not subject to review or appeal outside the Diocese, except as required by laws providing or requiring employers to provide specific employment standards and rights.
2. The contents of any lockers, desks, or other Diocesan property I may be using, and of any of my own property I bring to Diocesan premises, property, or functions – including without limitation vehicles, packages, cases, purses, or bags – may be inspected by the Diocese at any time. I waive and promise not to make any claims against the Diocese or its employees, agents or affiliated organizations relating to such inspections.
3. I will provide such medical information as may be lawfully requested by the Diocese prior to my employment. I also agree that before and during my employment, at the request of the Diocese, I will submit to lawful physical examinations by health care professionals, and cooperate in requested medical tests including blood, urine, or other testing to check for drugs or alcohol in my system, or for any other physical condition. I will disclose all information requested at such examinations about my physical condition and medical history. I waive and release and promise not to make any claims against the Diocese (or any testing agency retained by it, or their employees, directors, owners, agents or affiliated organizations) relating to any such testing, or arising from lawful decisions made regarding my employment or termination of employment based upon the results of such examinations or testing or analysis.
4. The Diocese may disclose or discuss any information or opinions relating to me or my employment to employees of the Diocese or third parties, and I waive and release and promise not to make any claims against the Diocese or its employees, agents or affiliated organizations relating to any such disclosure or discussion.
5. While employed by the Diocese I will not engage in other employment or self-employment without notifying the Diocese in writing in advance. I also agree to give the Diocese as much advance notice as possible before I quit or resign.
6. Except as directed otherwise by the Diocese, I will not disclose to anyone or use for my own purpose any confidential or proprietary information of the Diocese or any affiliated organization, either during or after my employment. I understand and agree that the financial, personnel and operation information of the Diocese or any affiliated organization are confidential and proprietary information.
7. No one at the Diocese has any authority to modify or announce modification of these terms of employment and policies, or to make any exception to them, or to offer employment on any other terms. All wages, hours, benefits, programs, rules and policies of the Diocese are subject to exceptions or change at any time at the sole discretion of the Diocese.

I hereby signify my acceptance of and agreement to all the terms and conditions presented above:

Signature

Date

Signature of Diocesan Approving Authority:

Signature

Date