

**BACKGROUND SCREENING DISCLOSURE AND  
AUTHORIZATION  
(Accurate Biometrics)  
VOLUNTEER**

Please read this form carefully.

**DISCLOSURE**

I have been notified that the Diocese of Belleville may request background screening be conducted to verify any information that I have provided in connection with my employment or volunteer service or to obtain information in order to determine my suitability for employment, retention, reassignment, or volunteer services.

The Diocese of Belleville may request a consumer report and/or an investigative consumer report in connection with my application for employment or volunteer services or at any time during my employment or volunteer service in accordance with all applicable laws. These reports may include information about my background, including but not limited to criminal history reports, court records, driving records, employment information, credit reports, general reputation, personal characteristics, and mode of living.

**AUTHORIZATION**

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon Diocese of Belleville's request in conjunction with my application for employment, volunteer services, or during the course of my employment or volunteer service.

**I have read this Background Screening Disclosure and Authorization; I understand it, and I agree to its terms.**

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

Print Name: \_\_\_\_\_

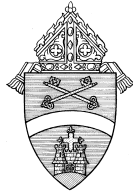
Location Number:

Form 12

10/01/2009

Accurate Biometrics  
4849 N. Milwaukee, Suite 101  
Chicago, IL 60030

Phone: 773-685-5699  
Fax: 773-385-5433  
www.accuratebiometrics.com



## **VOLUNTEER (A W V)**

Diocese of Belleville  
Fingerprint Applicant Form  
Adam Walsh Act

Please Provide The Following Information (Please Print Clearly).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth:(State or Country if outside USA): \_\_\_\_\_

**ORI # : ILL13676S      Location #/Account # \_\_\_\_\_**

**FOR OFFICE USE ONLY**

F.P. Technician: \_\_\_\_\_ Date Fingerprinted: \_\_\_\_\_

TCN#: \_\_\_\_\_

Purpose Code: A W V  
Y & Y

Occupation-Account #: TBB 7/09