

VOLUNTEER INFORMATION FORM AND CONSENT TO CRIMINAL RECORDS CHECK

Please Print or Type the Following Information and Return it to the Parish Office No Later than September 1, 2002

Name

(Last) (First) (Middle)

Address

Phone Number _____ Date of Birth _____

Sex _____ Height _____

Ohio Resident for More than 5 Years? _____ YES _____ NO

If not, please list addresses and dates for the past five years on the back of this sheet.

Social Security # _____ Driver's License or State ID # _____

Alias or Name Changes (aka)

Have you ever been charged with, convicted of, or pleaded guilty or no contest to a crime against any person (child or adult)? _____ YES _____ NO

If yes, please explain

(attach a separate sheet if necessary)

Have you ever committed any act of child abuse, corruption or sexual misconduct against a minor or been charged with, convicted of or pled guilty to such an act?

_____ YES _____ NO

If yes, please explain _____

(attach a separate sheet if necessary)

I, _____, (please print name) hereby authorize St. Basil the Great Catholic Church to provide the information contained in this form along with my fingerprints to the State of Ohio Bureau of Criminal Investigation and Identification (BCII) in order to conduct a criminal records check. I authorize BCII to release any records of arrests or convictions contained in any criminal file maintained on me regardless of whether the file is a local, state or national file. Such records may be released to the fullest extent permitted by state and federal law. I release the BCII and St. Basil the Great Church from all liability that may result from any such disclosure made in response to this request.

A photocopy of this authorization shall be as effective as the original. This authorization shall remain in force until I specifically revoke it in writing. Accordingly, checks may occur at any time during my association with St. Basil.

Signature _____

Date _____