

**CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION**

The individual named below is  EMPLOYED  VOLUNTEERING in a position that requires that he/she undergo a complete FBI/State Criminal-background investigation because he/she must comply with Archdiocesan Policy 2010 and/or the position is security sensitive.

Name of Individual: \_\_\_\_\_

S.S. No.: \_\_\_\_\_

Position Title: volunteer

The individual named above understands that he/she will be asked to provide a picture I.D. and current address as proof of identity when presenting this authorization form.

**Check One:**

- A copy of a completed Application for Employment or Volunteer Services accompanies this individual.
- An Application for Employment or Volunteer Services has been sent to the Archdiocese of Washington, Director of Personnel.

St. Peter's Interparish School

Location Name

Mary Rockwell

Signature of Pastor, Principal, Agency Director

A CHECK PAYABLE TO CJIS (VOLUNTEER - \$36, EMPLOYEE - \$42) MUST ACCOMPANY THIS AUTHORIZATION FORM