Loc. No.: CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION
The individual named below is <b>EMPLOYED VOLUNTEERING</b> in a position that requires that he/she undergo a complete FBI/State Criminal background investigation because he/she must comply with the Archdiocesan Child Protection Policy and/or the position is security sensitive.
Name of Individual:
S.S. No.:  Position Title:  Last
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 completed Application for Employment or Volunteer Application Form accompanies this individual.  An Application for Employment or Volunteer Application Form has been sent to the Archdiocese of Washington, Dir. of Human Resources.  Washington, Dir. of Human Resources.  Parish, School, Social Service Agency Name  Signature of Pastor, Principal, Agency Director
CJIS CHARGES A FEE TO PROCESS FINGERPRINTS: VOLUNTEER - \$38.25, EMPLOYEE - \$42.25