

ARCHDIOCESE OF CINCINNATI
Background Check Release Form

As the designated representative at _____, I acknowledge that the person listed below will be working /
(Parish / School / Institution)
volunteering at our location, and we will be responsible for payment. _____
Signature, Printed Name, and Phone Number

=====

BEFORE BEING FINGERPRINTED, PLEASE CHECK OUR WEBSITE FOR LOCATIONS AND HOURS -
http://www.catholiccincinnati.org/protecting-children/permanent-fingerprinting-sites/

PLEASE **PRINT** THE FOLLOWING INFORMATION **LEGIBLY**:

LEGAL NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE () _____ SSN: _____ / _____ / _____

DATE OF BIRTH: _____ / _____ / _____ PLACE OF BIRTH: _____

List up to three **Archdiocese of Cincinnati** parishes / schools / institutions where you will work or volunteer, the **city**, your **role** and your **position** (coach, CCD teacher, scout leader, scouts, musician, etc.):

Parish/School/ Institution	City	Role (ED, EM, V, D, P) *	Position (what are you doing there)

* **ED** = Certified Ohio Department of Education educator, aide or high school coach; **EM** = paid employee; **V** = nonpaid volunteer; **D** = Permanent Deacon; **P** = Priest residing / serving within the Archdiocese of Cincinnati

Are you currently or will you become (only applies to locations within the Archdiocese of Cincinnati):

Yes	No		ODE**
		Paid school bus or van driver	No
		Day Care Center (Child Daycare Center Owner, Licenses or Administrator Type A Daycare Home Owner)	No
		Paid teacher, including non-tax supported school teacher	Yes
		Paid substitute teacher (substitutes are cleared for all schools and do not need to list school(s) individually above)	Yes
		Paid teacher aide or paid classroom aide	Yes
		Paid lunchroom monitor or paid playground monitor	Yes
		Pupil Activity Supervisor or coach – <i>THIS APPLIES TO ALL PAID / VOLUNTEER HIGH SCHOOL COACHES</i>	Yes
		Non-paid student teacher or non-paid teacher doing pre-service field experience	Yes
		Other	

** If **Yes**, the fingerprint results will automatically be sent to the Ohio Department of Education for certification / licensure requirements.

RELEASE OF BACKGROUND CHECK RESULTS

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (Archdiocese of Cincinnati) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and the Federal Bureau of Investigation (FBI) (if requested) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees, the Archdiocese of Cincinnati, its parishes, schools, agencies, institutions, employees and volunteers, and any and all individuals connected therewith from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

SIGNATURE: _____ **DATE:** _____ / _____ / _____



_____ By initialing, you are stating that you have looked at ALL information on the computer Webcheck screen, including your Social Security Number, and that ALL the information is correct. **We cannot make any changes once the Webcheck is submitted.** If you need to be re-fingerprinted because of any errors, you will be responsible for payment.

For Site Office Use Only

TYPE OF PRINTS (check one): BCI&I only BCI&I and FBI FBI only
Results sent to Ohio Department of Education / Teacher Certification: Yes N/A

LOCATION CODES _____

BCI&I PAID \$ _____

SIGNATURE OF FINGERPRINTER _____

FBI PAID \$ _____

SITE LOCATION _____