

DISCLOSURE AND AUTHORIZATION FORM  
FOR VOLUNTEERS

**Disclosure Regarding Background Investigation**

The Episcopal Diocese of Louisiana or any church, school or Diocesan institution in which you seek to serve as a volunteer may request background information about you from a consumer reporting agency in connection with your request to serve or continue serving as a volunteer to work with children or youth as part of its Safeguarding God's Children policy. Your cooperation and understating of the importance of taking steps like this to help protect our children and youth is appreciated. This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization.

Praesidium or another reporting agency or entity will prepare or assemble the background reports for the Diocese, church, school or Diocesan institution. Praesidium can be contacted by mail at PO Box 202002, Arlington, TX 76006 or phone at (817) 801-7773.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records and history; public court records; sex offender registries; driving records; accident history; and other information bearing on your character, general reputation, and personal characteristics. For the majority of volunteer positions background searches do not including obtaining credit information such as credit reports and similar information; you will be notified if this type information will be obtained.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; personal interviews with sources such as neighbors, friends and associates; and other information sources.

You may request more information about the nature and scope of any background reports by contacting the Safe Church Coordinator of the Diocese. A summary of your rights under the Fair Credit Reporting Act is also being provided to you

**Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency and to the release of such background reports to the Diocese, church, school or Diocesan institution and its designated representatives and agents, for the purpose of assisting the requesting party in making a determination as to my eligibility to serve as a volunteer to work with children or youth. I understand that if the Diocese, church, school or Diocesan institution authorizes me to work with children or youth, my consent will apply, and the Diocese,

church, school or Diocesan institution may obtain updated background reports throughout my volunteer period.

I understand that information contained in my volunteer application or information form, or otherwise disclosed by me before or during my time as a volunteer, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, sex offender registries, information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, churches, Dioceses and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic form (including electronically signed), will be valid for any background reports that may be requested by or on behalf of the Diocese, church, school or Diocesan institution.

Please complete the following information:

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Current home address Apt. number

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City State Zip Code

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

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Full name (printed)

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Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_