

AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act," and I understand my rights as outlined in that document. In connection with my prospective membership in, and any work with children or youth in programs and activities conducted and sponsored by, the Order of Malta American Association ("Order of Malta"), I hereby authorize the Order of Malta, the Archdiocese of New York, and their independent contractors, to make the following background checks only during the application/screening process and during the course of my membership/service: criminal history, sex offender registration, and social security number verification.

Further, the information received in connection with this background check is strictly confidential, and will be revealed only to personnel of the Archdiocese of New York and the Order of Malta. Unless I so authorize in writing, the Archdiocese, the Order of Malta, and their independent contractors will not sell, broker, or otherwise distribute the information it generates from the background checks listed above.

Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

The following information is true and correct to the best of my knowledge:

Name: _____
Prefix First Middle Last Suffix

If your use of any other name (e.g., nickname or maiden name) is necessary to complete a background check, please list the name(s) here:

Current Address:

Street Number Street Name (No PO Boxes) City, State Zip Years @ address

Prior Address:

Street Number Street Name (No PO Boxes) City, State Zip Years @ address

Date of Birth*

_____/_____/_____
Month Day Year

*Date of Birth is REQUIRED; information is used for identification purposes only. Age is in no way used as a qualification for volunteer service.

Social Security** #: _____

**SSN is REQUIRED; If the individual is a foreign citizen and does not have an SSN, a government issued picture ID must accompany this form for processing.

Daytime Telephone Number: (_____) - _____
Area Code Number

Email Address: _____

Signature: _____ Date: _____