DIOCESE OF JEFFERSON CITY

SAFE ENVIRONMENT PROGRAM
BACKGROUND CHECK ACKNOWLEDGEMENT FORM

(Please Print Clearly)

_____ _____ _____
First Name Middle Name Last Name

ADDRESS:_____

_____

PHONE:_____

E-MAIL ADDRESS:_____

SOCIAL SECURITY NUMBER _____-_____-_____

DRIVER LICENSE NUMBER _____

BIRTHDATE: month_____day_____year_____

PLEASE CHECK THE DESCRIPTION OF YOUR SERVICE:

I am a volunteer:_____ I am an employee:_____

My service/job/ministry is_____

My Parish is_____

The information listed above is true and correct. I understand that it will be treated as confidential as required by law. I understand that the information will be used for a routine background check in keeping with the *Safe Environment Program* of the Diocese of Jefferson City.

***SIGNATURE:*_____**

***DATE:*_____**

Mail completed form to:
Associate to the Chancellor
P.O. Box 104900
Jefferson City, MO 65110

Revised July 01, 2017