

Accurate Biometrics
4849 N. Milwaukee, Suite 101
Chicago, IL 60030

Phone: 773-685-5699
Fax: 773-385-5433
www.accuratebiometrics.com



VOLUNTEER (A W V)

Diocese of Belleville
Fingerprint Applicant Form
Adam Walsh Act

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ___ / ___ / ___ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: _____ - _____ - _____

Place of Birth:(State or Country if outside USA): _____

ORI # : ILL13676S Location #/Account # 625

FOR OFFICE USE ONLY

F.P. Technician: _____ Date Fingerprinted: _____

TCN#: _____

Purpose Code: A W V
 Y & Y
Occupation-Account #: TBB 7/09



**BACKGROUND SCREENING DISCLOSURE AND
AUTHORIZATION
(Accurate Biometrics)
VOLUNTEER**

Please read this form carefully.

DISCLOSURE

I have been notified that the Diocese of Belleville may request background screening be conducted to verify any information that I have provided in connection with my employment or volunteer service or to obtain information in order to determine my suitability for employment, retention, reassignment, or volunteer services.

The Diocese of Belleville may request a consumer report and/or an investigative consumer report in connection with my application for employment or volunteer services or at any time during my employment or volunteer service in accordance with all applicable laws. These reports may include information about my background, including but not limited to criminal history reports, court records, driving records, employment information, credit reports, general reputation, personal characteristics, and mode of living.

AUTHORIZATION

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon Diocese of Belleville's request in conjunction with my application for employment, volunteer services, or during the course of my employment or volunteer service.

I have read this Background Screening Disclosure and Authorization; I understand it, and I agree to its terms.

Signature: _____ Date: _____

Print Name: _____

Location Number:

Form 12

10/01/2009