

## **Instructions to Process Criminal Background Checks**

### **Paid Personnel (Parish Staff / Teachers / Principals)**

In order to ensure compliance with the USCCB and the Charter for the Protection of Children and Young People, criminal background checks will be performed on all paid personnel within a parish.

Form A-PAID is the authorization release form for a criminal background check. This needs to be filled out by the individual on which the background check is being made. All principals, teachers and staff (paid personnel) in your parish need to have a background check completed. They need to fill in their full name, date of birth, gender and social security number. The form needs to be dated, signed and it must be notarized. The criminal background checks will be processed by the State of Minnesota-Bureau of Criminal Apprehension.

The fee for each background check through the BCA is \$8.00 and must be paid in advance when you submit the release forms for a background check.

The release forms and your check need to be submitted to:

Reverend Marvin Enneking  
Vicar General, Diocese of St. Cloud  
The Chancery  
P.O. Box 1248  
St. Cloud, MN 56302

### **Your check should be made payable to “The Diocese of St. Cloud”.**

Completed criminal background checks from the BCA may contain sensitive and personal information about the individuals on whom the criminal background checks have been performed. These results will be kept absolutely confidential. It is required that only the Vicar General will review these responses. In the event a background check shows something that would prevent someone from being employed, remaining employed or volunteering within the parish or school, the Pastor will be notified immediately.

\_\_\_\_\_  
Name of Parish

\_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Account No. T20 251 2340

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

This is a Non-Profit Organization pursuant to 501(c)(3) of the Internal Revenue Code.

The following named individual has made application with this organization for:

\_\_\_\_\_  
Employment

⇒ **Last Name of Applicant** (please print): \_\_\_\_\_

⇒ **First Name** (please print): \_\_\_\_\_

– **Full Middle** (please print): \_\_\_\_\_

⇒ **Maiden, Alias or Former** (please print): \_\_\_\_\_

⇒ **Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_  
Month / Day / Year

⇒ **Social Security Number:** \_\_\_\_\_

I authorize the State of Minnesota-Bureau of Criminal Apprehension to disclose all criminal history record information to The Diocese of St. Cloud for the purpose of employment or otherwise working within this organization.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

**X** \_\_\_\_\_  
**Signature of Applicant**

**X** \_\_\_\_\_  
**Date**

**State of Minnesota**  
**County of** \_\_\_\_\_

**Subscribed and sworn to before me this**  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Seal