

INFORMATION REQUIRED FOR BASIC CRIMINAL BACKGROUND CHECK

Please type or legibly print one form per individual and mail to:

Safe Environment Program Coordinator
Diocese of La Crosse
3710 East Avenue South, PO Box 4004
La Crosse, WI 54602-4004
Fax: 608-791-0165

Printed Legal Name: _____
Last First Middle

Signature (**required**): _____

Home Address: _____

City/State/Zip: _____

States of Former Residency: _____
(Within the last ten years)

Gender: M / F Race: _____

Date of Birth: ____/____/____ SSN: ____-____-____

Other Names Used: _____
(Maiden, alias, nickname, etc.) Last First Middle

Please specify if this is an initial background check _____ or a renewal _____.

Is this position paid _____ or volunteer _____?

Position (check one from either school or parish – if “Other” is selected, a description **must** be provided):

<u>CATHOLIC SCHOOLS</u>	<u>PARISHES</u>
<input type="checkbox"/> Administrator	<input type="checkbox"/> DRE/CRE
<input type="checkbox"/> Teacher	<input type="checkbox"/> Catechist
<input type="checkbox"/> Teacher Aid	<input type="checkbox"/> Support Staff
<input type="checkbox"/> Sub Teacher	<input type="checkbox"/> Clergy
<input type="checkbox"/> Day Care	<input type="checkbox"/> Other [_____]
<input type="checkbox"/> Coach	Description of Position/Duties
<input type="checkbox"/> Support Staff	
<input type="checkbox"/> Other [_____]	
Description of Position/Duties	

Will this individual be responsible for transporting children? ___ Yes ___ No.

Parish/School

City/Unified System

Parish/School Contact Person

Contact Phone Number