

DIOCESE OF JEFFERSON CITY

**SAFE ENVIRONMENT PROGRAM
BACKGROUND CHECK ACKNOWLEDGEMENT FORM**

(Please Print)

First Name	Middle Name	Last Name
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ADDRESS: _____

PHONE: _____

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