

**DIOCESE OF CHARLESTON  
BACKGROUND SCREENING  
BASIC DATA FORM**

**Please Print and complete entire form.**

<p><b><u>Parish/School Office Use Only:</u></b></p> <p>Parish and/or School Loc: _____ # _____</p> <p>Submitted By: _____</p>
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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
          First                          Middle                          Last

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street/P.O. Box                          City                          State                          Zip Code

Home Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Are you employed with a School/Parish or Diocesan office? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

Are you a volunteer with a School or Parish? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

Name and city of School/Parish or Diocesan office where you are employed or volunteer.  
\_\_\_\_\_

Duties held as employee or volunteer: **[Required]** be specific with description.  
\_\_\_\_\_

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**CRIMINAL HISTORY:** A Criminal Background and Sex-Offender Registry check is mandatory and completed on every screening.

1. Number of years/months lived in South Carolina. \_\_\_\_\_

Additional screening is conducted for driving and/or credit if applicable.

**DRIVING HISTORY:** Please note. A **yes** response will result in a ten-year check and review of your driver history report.

1. As an employee or volunteer, do your duties include driving children who are not your own?  
\_\_\_\_\_ Yes. \_\_\_\_\_ No.

If yes, please explain:  
\_\_\_\_\_

2. Do you drive for the School/Parish as part of your employment or volunteer responsibilities?  
\_\_\_\_\_ Yes. \_\_\_\_\_ No.

If yes, please explain: \_\_\_\_\_

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**CREDIT AUTHORIZATION FORM**

**CREDIT HISTORY:** Please note. A **yes** response will result in a credit history check.

1. Do your duties as an employee include access to funds and/or financial decisions for the School and/or Parish? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

If yes, please explain:

\_\_\_\_\_

2. Do your duties as a volunteer include access to funds and/or financial decisions for the School and/or Parish? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

If yes, please explain:

\_\_\_\_\_

If yes, the authorized credit check must be completed by School/Parish, Safe Environment Coordinator, Pastor or Principal.

Authorized Credit Check

Safe Environment Coordinator, Pastor or Principal Name:

\_\_\_\_\_

Safe Environment Coordinator, Pastor or Principal Signature:

\_\_\_\_\_

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**Please note:** If you have not resided in the United States within the last three years, this may negatively affect our ability to perform background screening, please contact Office of Child Protection Services for direction.



**Instructions for Completing the Revised South Carolina Department of Social Services'  
CONSENT TO RELEASE INFORMATION FORM**

Attached please find the revised South Carolina Department of Social Services' *Consent to Release Information Form*. Please read and follow the instructions below for the completion of the form.

1. The form must be *signed* by both the applicant (employee or volunteer) and a witness. If either signature is missing, the form will be returned to you.
2. Please ensure the following:
  - The information recorded on the release is accurate and current. When necessary, review official documents such as your social security card, driver's license, birth certificate, etc.
  - The identifying information is neatly printed or typed. The complete spelling of an individual's name is necessary to conduct a thorough search, i.e. John Able Doe, *not* J. Able Doe.
  - The form is completed in full, is LEGIBLE, and has both the required signatures. No one else should sign this form in place of the applicant.
  - A person has signed as a witness *or* the form is notarized.

3. *Mail all copies of the form to:*
  - Diocese of Charleston
  - P. O. Box 818
  - Charleston, SC 29402-0818
  - Attn: Ms. Bonnie Sigers

**DO NOT SEND MONEY WITH THIS FORM!**

South Carolina Department of Social Services  
**CONSENT TO RELEASE INFORMATION**

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: EMPLOYMENT/VOLUNTEER

Mail Results To: ATTN: MS. BONNIE SIGERS  
DIOCESE OF CHARLESTON  
P.O. BOX 616  
CHARLESTON, SC 29402-0616

**Central Registry Check Fee:** (Check one and attach appropriate payment by check or money order.)

- |  |         |  |         |
|--|---------|--|---------|
| <input type="checkbox"/> Non-Profit Entities             | \$8.00  | <input type="checkbox"/> Schools   | \$15.00 |
| <input type="checkbox"/> Private Adoption Investigations | \$25.00 | <input type="checkbox"/> Child Care                                      | \$8.00  |
| <input type="checkbox"/> For-Profit Entities             | \$25.00 | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00  |
| <input type="checkbox"/> State Agencies                  | \$15.00 |  |         |

**Please Print or Type:** (Complete spelling of name required, first, middle and last – no initials.)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Maiden/Former Name: \_\_\_\_\_ Name Change: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

**This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:**  
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;  
Telephone (803) 898-7318.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary or Witness

\_\_\_\_\_  
Date

**RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY**

(This section to be completed by an authorized DSS employee only – Division of Human Services )

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

\_\_\_\_\_  
Authorized DSS Employee

\_\_\_\_\_  
Date