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## Missionary Cenacle Volunteers Trinity Mission Center

### *Background Information Disclosure*

I have been advised and understand that certain information is required to assist the *Missionary Cenacle Volunteers* or the *Trinity Mission Center* in further evaluating my qualifications for a volunteer mission opportunity and that execution of this form is voluntary.

I therefore authorize any duly accredited representative of the *Missionary Cenacle Volunteers* or the *Trinity Mission Center* to obtain such information relating to my qualifications for entrance into the mission opportunity program of the *Missionary Cenacle Volunteers* or the *Trinity Mission Center* from any criminal justice agencies. This information may include, but is not limited to, criminal history record and conviction.

I further authorize the *Missionary Cenacle Volunteers* or the *Trinity Mission Center* and any other authorized firm hired by the *Missionary Cenacle Volunteers* or the *Trinity Mission Center* to request information about me from criminal justice agencies, and departments of motor vehicles, for the purpose of further determining my eligibility for entrance into the mission opportunities of the *Missionary Cenacle Volunteers* and the *Trinity Mission Center*.

I understand that the existence of any prior criminal record or any other adverse information will not necessarily make me ineligible for acceptance. It is the *Missionary Cenacle Volunteers* and the *Trinity Mission Center's* policy to evaluate any adverse information obtained in the background investigation based on a range of factors. I further understand that any information received will be shared solely with members of the *Missionary Cenacle Volunteers* and the *Trinity Mission Center*, exclusively on a need to know basis.

I have been advised that the original of this authorization will be placed on file with the *Missionary Cenacle Volunteers* or the *Trinity Mission Center*.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notarization

\_\_\_\_\_  
Date