



Camp St. Andrew

524 STARK ROAD
TUNKHANNOCK, PA 18657-6050

(570) 836-2975
(July through August)

(570) 226-4606
(September through June)

To: All Staff Applicants

From: Msgr. Joseph P. Kelly, V.E., M.S.W.
Executive Director, Camp St. Andrew

Re: Employment Forms

Please read all specific directions below as you are filling out each employment form. All of these forms and required copies are to be completed each year.

- **Application** – Fill out entire form with all information written legibly
- **W-4** – Fill out entire form with all information written legibly
- **Local Earned Income Tax Form** – Please fill out Employee Information Section, leaving blank the PSD Code box and Total Resident EIT Rate Box these 2 boxes will be filled out by office staff. Please fill out Certification section of the form. This is a new form this year require by the state of Pennsylvania and must be filled out!!!!
- **I-9 Form** – Please fill out Section 1 completely and attach to this form a copy of the following identification(s) either:
 - 1.) A Valid United States Passport or
 - 2.) A Valid US Driver's License and Social Security Card or
 - 3.) A Birth Certificate and Social Security Card
- **Camp St. Andrew Staff Health Form** – Fill out entire form with all information written legibly.
- **Outdoor Adventure Course Release of Liability** - Fill out entire form with all information written legibly.
- **Diocese of Scranton Code of Pastoral Conduct** - Fill out entire form with all information written legibly.
- **Diocese of Scranton Background Check** – Fill out entire form with all information written legibly.

Camp St. Andrew

Employment Application (Pre-employment questionnaire – an equal opportunity employer)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent	A _____
B Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.	
• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.	
• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	
H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION				
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER	
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)				
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough, Township)				
COUNTY	PSD CODE			TOTAL RESIDENT EIT RATE
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

EMPLOYER INFORMATION - EMPLOYMENT LOCATION				
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN	
Roman Catholic Diocese of Scranton			24-0798640	
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)				
524 Stark Road				
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	PHONE NUMBER	
Tunkhannock	PA	18657	570-822-7118, Ext. 305	
MUNICIPALITY (City, Borough, Township)				
Lemon Township				
COUNTY	PSD CODE			MUNICIPAL NON-RESIDENT EIT RATE
Wyoming	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			1.000%

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
 Select Get Local Gov Support, >Municipal Statistics

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

CAMP ST. ANDREW STAFF HEALTH FORM

(This page is to be completed by a parent for staff under the age of 18)

STAFF NAME _____ DATE OF BIRTH _____
ADDRESS _____
HOME PHONE# _____ CELL PHONE# _____
MOTHER'S WORK# _____ FATHER'S WORK# _____

EMERGENCY CONTACTS

RELATIVE _____ HOME _____ WORK _____ CELL _____
NON RELATIVE _____ HOME _____ WORK _____ CELL _____

INSURANCE INFORMATION

POLICY HOLDER'S NAME _____ POLICY NAME _____
POLICY NUMBER _____ GROUP NUMBER _____
PRESCRIPTION PLAN NAME _____ PLAN NUMBER _____

HEALTH HISTORY

NOTE: Please be complete in answering all of the following questions. This will help your treatment in case of an emergency.

HAVE YOU EVER HAD:

SCARLET FEVER	YES	NO	INSOMNIA	YES	NO
MEASLES	YES	NO	FREQUENT ANXIETY	YES	NO
GERMAN MEASLES	YES	NO	MUMPS	YES	NO
CHICKEN POX	YES	NO	SINUSITIS	YES	NO
MOUTH PROBLEMS	YES	NO	HEADACHES	YES	NO
EYE TROUBLE	YES	NO	HAY FEVER	YES	NO
ASTHMA	YES	NO	FREQUENT COLDS	YES	NO
SHORTNESS OF BREATH	YES	NO	EAR, THROAT, NOSE PROBLEMS	YES	NO
BACK TROUBLE	YES	NO	FAINTING	YES	NO
RECURRENT DIARRHEA	YES	NO			

LIST ALL SURGICAL PROCEDURES:

LIST ALL ALLERGIES:

LIST ANY MEDICATIONS THAT WILL BE TAKEN WHILE IN CAMP, HOW TO BE TAKEN AND WHY:

DATE OF LAST TETANUS _____ / _____ / _____

PLEASE LIST ANY CURRENT MEDICAL CONDITIONS NOT COVERED ABOVE:

AUTHORIZATION FOR TREATMENT: I hereby authorize the camp director to secure all medical treatment necessary in the case of an accident or emergency. I understand that all efforts will be made to contact me prior to the initiation of treatment. I will be responsible for all expenses incurred.

STAFF SIGNATURE _____ DATE _____
PARENT SIGNATURE _____ DATE _____

(for staff younger than 18 years old)



Camp St. Andrew

524 STARK ROAD
TUNKHANNOCK, PA 18657-6050

(570) 836-2975
(July through August)

(570) 226-4606
(September through June)

Check the appropriate program for 2012

- July 8-13 Girls BB
- July 15-20 Girls BB
- July 8-13 Girls Resident
- July 15-20 Girls Resident
- July 20-22 Father/Son Weekend
- July 22-26 Boys BB

OUTDOOR ADVENTURE COURSE RELEASE OF LIABILITY

I understand that even under the safest conditions, the activities on the course have a number of inherent risks involving injury, disability, or even death. I understand that the major classes of hazards associated with this type of training include splinters or injuries resulting from falls or from contact with course apparatus. I recognize that course participation typically requires close physical contact by participants.

I further understand that the activities on the Outdoor Adventure Course may be physically, mentally, and/or emotionally demanding. I verify that I am free of any mental, medical, and/or physical conditions that may create undue risk to myself or to others who depend on me.

I agree to comply with all the safety rules and regulations set forth by the Outdoor Adventure Staff. I also agree to inform them of any condition or situation that may be dangerous to myself or my co-participants.

I certify that I am at least 18 years of age or have obtained consent from my parent or legal guardian, as indicated by the signature and date below.

In consideration of being permitted to participate in the Camp St. Andrew Outdoor Adventure program, I, _____, for myself, my heirs, successors and assigns, hereby indemnify, release and hold harmless Camp St. Andrew, agents, officers, and/or employees and volunteers and the Diocese of Scranton, its agents, officers, and/or employees and volunteers, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage, or death suffered by myself, (my child), or any third parties, including employees of Camp St. Andrew, arising out of my participation in Camp St. Andrew's Outdoor Adventure Course, including damages, injury or death arising from the negligence of the aforesaid parties. I, for myself, my heirs, successors and assigns, hereby assume any and all risks attendant to my participation in Camp St. Andrew's Outdoor Adventure course.

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

WITNESS

SIGNATURE OF PARENT/GUARDIAN

(Required for participants under 18)

WITNESS

DATED THIS THE _____ DAY OF _____ 20_____.

Please return to: Camp St. Andrew , 33 East Northampton Street, Wilkes-Barre, PA 18701

Diocese of Scranton Code of Pastoral Conduct

For all Clergy, Administrators, Staff and Volunteers

Our children are the most important gifts God has entrusted to us. As an adult member of the Diocese of Scranton, I promise to strictly follow the rules and guidelines in this Code of Conduct when providing services to or interacting with the children involved in any diocesan, parish or Catholic school program.

I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and the local Child Protection Services agency. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.

I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations)
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer, staff member or clergy, I am agreeing to a mandatory background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in disciplinary action up to and including removal from my position.

Printed Name: _____

Signature: _____ Date: _____

Diocese of Scranton

1/2010 gmf

**Application for a criminal history and child abuse
registry clearance (please print clearly)**

Full Name _____

Address _____

Town/State/Zip _____

Telephone Number _____

Date of Birth _____

Social Security Number _____

Parish or school where you need this clearance:

_____ **town** _____

Reason for background check _____

(please state volunteer or employee and function)

**I authorize the compliance office of the Diocese of Scranton, to conduct a
background check through LexisNexis, Volunteer Screening Services.**

Applicant Signature _____ **date** _____