

Authorized Adult Registration Form

There are three steps individuals must take before they are authorized to work with or near children under the age of 18 years old in a Holy Cross program (whether on-campus or off-campus).

1. First, you must complete this Background Check / Registration Form and submit it to your Program Director.
2. Then, you must contact Human Resources to authorize a criminal background check, which reviews federal and state criminal history, as well as a sex offender registry status. Human Resources may be reached at (508) 793-3391 or dpalette@holycross.edu. If you have already had a background check at the College of the Holy Cross within the last year, the College may utilize those results. However, you are obligated to report any arrests or convictions for misdemeanor or felonies that have occurred since that date. Criminal background checks must be repeated every three years.
3. Finally, once you receive notice that you have successfully passed your background check, you must sign and submit your [Authorized Adult Agreement](#) to the Program Director.

You will not be permitted to take part in the Program until the successful completion of all three steps.

If you have any questions regarding this process, please review our [Q&A](#).

Authorized Adult Background Check / Registration Form

Prior to taking part in a Holy Cross program that includes children under the age of 18 years old, individuals must complete and sign this Background Check / Registration Form. If this background check requires further review, information about the process will be sent directly to the Authorized Adult.

General Information

Program Name: _____ (herein "Program")

Program Director completing this form: _____

Full Name:

Have you been identified by any other names: _____

Date of Birth (MM/DD/YYYY):

Place of Birth:

Current Mailing Address:

Background Questions

Do you have any prior criminal convictions? (If yes, please provide additional information): _____

Do you have any pending criminal charges? (If yes, please provide additional information): _____

Have you undergone any disciplinary action by any professional licensing organizations? (If yes, please provide additional information): _____

Have you ever been removed from a paid or unpaid position arising from allegations of misconduct? (if yes, please provide additional information): _____

Background Information

Dates and places of residence for the past seven (7) years:

Dates From/To	Number & Street	City	State	Zip
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Name and location of programs involving children under the age of 18 years old in which you have worked or volunteered in any capacity within the past seven (7) years:

Name of Entity	Location (City, State)	Name of Director/Manager	Phone Number/Email
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*****Please check with your Program Director to obtain the chart string that will be used to fund this background check. If this information is not filled in, it will delay the processing of the background check.**

By signing below, I understand and agree to the following:

- I understand my participation in any capacity in the program listed above is conditional upon my satisfactory completion of the Background Check Process.
- I understand and agree that this consent is valid for three years.
- I authorize the College to conduct a criminal background check as often as necessary for three years from the date of this document. The College may use this information for investigative purposes if I am the subject of a College investigation.
- I authorize the College to verify my residence history for the last seven years. Failure to inform the College that I have resided in another state within the past seven years a violation of College policy, subject to disciplinary action.
- I authorize the College to contact the individuals and organizations listed above to verify and request additional information.
- I authorize the College to conduct a websearch on me.
- I understand that providing false or misleading information is a violation of College policy, subject to disciplinary action, including and up to termination.

I certify, under the penalties of perjury, the information provided above is correct to the best of my knowledge.

Name (print): _____

Signature: _____

Date: _____

Please add the chart string that the background checks will be charged to.

Background checks will not be processed unless this is completed.