



Diocese of San Bernardino

HUMAN RESOURCES

MINISTRY TRANSFER OR ADDITION**

(Please **circle** either Transfer or Addition)

1. Full Name: _____ Date of Birth: _____

Ministry Position (current): _____ Entity: _____

2. Is the employee/volunteer transferring or adding within the same location? (i.e. different ministry) Yes No If yes, please provide residence address below.

Current address: _____
Street address City Zip code

3. Is the employee/volunteer transferring to a completely different location? (i.e. new parish or school) Yes No

_____ Street address City Zip code

4. Are there any additional locations to be recorded? Yes No

Name of additional location. (Please use the back of this form if there are more locations to add.)

5. Last Parish attended or last position: _____ Entity # _____
(Employee/volunteer's name will be deleted from old location if transferring to new location.)

6. What is the approximate date when employee/volunteer's "A" code fingerprints were taken? (Month) _____ (Year) _____ Where were the "A" code fingerprints taken? (Parish /School) _____ Entity # _____

_____ Print name of person completing form Ministry position/title

_____ Signature of person completing form Date

Please return form to: Diocese of San Bernardino
Attn: HR/Fingerprints
1201 E. Highland Ave.
San Bernardino, CA 92404

Please keep a copy of this form for your records

This form is to be completed by the Fingerprint Coordinator **ONLY**

Form modified on 05/03/06