



List any skills, talents, education, training or experience that qualifies you for the position you are seeking, including professional license or certification:

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List three personal references you have known three years or more. (not former employers)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H) (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (W)(\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H) (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (W)(\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H) (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (W)(\_\_\_\_) \_\_\_\_\_

List your City, State, County and dates of residence for the past five years

City	State	County	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Because the Diocese of Dallas cares for our children, youth and adults and desires to protect them, we ask you to please answer the following questions. We understand the following questions are personal and we will take all reasonable precautions to protect your privacy.

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Applicant's for a Paid Position DO NOT answer the next question at this time.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Are you presently abusing alcohol or using any illegal drugs?

Yes No

Have you ever been convicted of, pleaded guilty or no contest to, placed on probation for, given probation, given community supervision, or given deferred adjudication for a crime or are you now under charges for any criminal offense?

Yes No

Answering yes to these questions will not automatically exclude you for volunteering. The following lines are for any explanations or details that you would like to include for yes answers above.

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Please read and complete page 4

CHURCH USE ONLY

Name \_\_\_\_\_ Not Clear Clear Date \_\_\_\_\_

Application Complete Date \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reference Check By \_\_\_\_\_ Date \_\_\_\_\_

Criminal Background Check: Date \_\_\_\_\_

Volunteer Center Internet

Private Investigator DPS

Other \_\_\_\_\_

Follow Up Background Check Date \_\_\_\_\_

# Volunteer/Applicant Release Statement – Read Carefully!

- The information contained in this application is true and correct to the best of my knowledge.
- I understand that all criminal background checks will be treated as confidential.
- I understand and authorize the access to any and all information and records relating to my criminal history or criminal offenses committed or alleged, arrests, alleged criminal acts and criminal offenses committed.
- I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information (including opinions) regarding my character and fitness for service.
- I hereby release any reference contact, whether identified or not in this application, and waive any and all claims, liability for damages of whatever kind or nature which may at any time result to me, my heirs/family, on account of compliance with this authorization, excepting only the communication of knowingly false information.
- I am aware that background checks may be updated periodically.
- If a disqualifying offense is found on a criminal background check, there is an appeal process in the Safe Environment Program. I understand that this process allows me to verify information and correct any errors.
- I intend this to be a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.
- I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS. I SIGN THIS RELEASE AS MY OWN FREE ACT.

(Applicants for a paid position: Do NOT fill in Date of Birth)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ (Printed)

Signature \_\_\_\_\_

Date \_\_\_\_\_