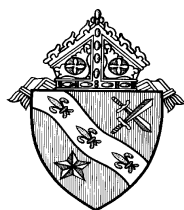


Screening Form



Parish/ School _____

City _____

This application is to be completed for all applicants for any position (volunteer* or compensated). This is not an employment application. Persons seeking employment will be required to provide additional information. This process is used to help the church provide a safe and secure environment for children, youth and adults who participate in our program and use our facilities.

Personal

Name _____
Last First Middle

Address _____

City State Zip

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact Person _____ Phone (____) _____

Employer _____

Indicate what type of ministry work you prefer:

Preschool Children Youth Adult Other _____

Are you a registered member of the parish? Yes Since _____ No

List all other churches you have attended or been involved with during the last five years:

Church	Address	Involvement	From	To

*Volunteer means any unpaid person engaged in or involved in a Diocesan activity, and who is entrusted with the care and supervision of children, and/or persons engaged or involved in ministry who have regular individual contact with the elderly or disabled.

Name

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

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.

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 _____