



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

Home Phone _____ Work Phone _____

Emergency Contact Person _____ Phone _____

Employer _____

Indicate what type of ministry 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 (5) 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 (3) personal references you have known three (3) years or more. (NO RELATIVES OR FORMER EMPLOYERS)

1. Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

2. Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

3. Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

List the City, State, County and dates of residence for the past five (5) years.

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 _____

Applicants for a paid position DO NOT answer the following 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 in 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 you would like to include for yes answers above.

Please read and complete page 4

CHURCH USE ONLY	
Name _____	<input type="checkbox"/> Clear <input type="checkbox"/> Not Clear Date _____
Application complete	Date _____
Interviewed by _____	Date _____
References checked by _____	Date _____
Criminal Background Check:	Date _____
<input type="checkbox"/> Volunteer Center	<input type="checkbox"/> Internet
<input type="checkbox"/> Private Investigator	<input type="checkbox"/> DPS <input type="checkbox"/> 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 a background investigation is required by the Diocese of Dallas. This information may be shared with our Diocesan entities if disqualifying or concerning information is developed.
- I understand and authorize the Diocese of Dallas and any agent to verify my background. This may include criminal records or criminal offenses committed or alleged, arrests, alleged criminal acts and criminal offenses committed. It may also include driving records, credit history, education or professional licensing, or any other required background information or consumer reports.
- I hold harmless the Catholic Diocese of Dallas and any agent from any liability from the obtaining of this information, and understand it will be used in accordance with the Fair Credit Reporting Act and all other applicable laws.
- 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 the date of birth)

Date of Birth _____ Social Security Number _____

Driver License Number _____ State _____

Name _____ (Printed)

Signature _____

Date _____