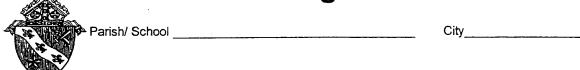
## **Screening Form**



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					
. (44.000				-	
	City			State	Zip
Home Phone	(		Work	Phone ( )	
Emergency Co	ontact Person		···	Phone ()	<del></del>
Employer				<u>.</u> .	
Indicate what	type of ministry v	vork you prefer:		,	
Preschool	Children	Youth	Adult		
Are you a regi	stered member o	f the parish? Yes	□ Since	· · · · · · · · · · · · · · · · · · ·	_ No 🛚
_ist all other c	hurches you hav	e attended or been	involved v	vith during the last t	five years:
Church	Address	Involvement		From	То

\*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.

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. Place of Birth \_\_\_\_\_ Date of Birth\_\_\_\_\_ 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 □ 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\_\_\_\_ Date \_\_\_\_ **Application Complete** Date Interviewed By Reference Check By Date\_\_\_\_ Criminal Background Check: Date \_\_\_\_ □ Volunteer Center □ Internet □ Private Investigator □ DPS □ Other

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

Form SCR 3.12.01 Diocese of Dallas

Follow Up Background Check

Date

			•	
		· · · · · · · · · · · · · · · · · · ·		
three personal refe	erences you	have known t	hree years or	more. (not former employers)
1. Name:				
Address:				Phone (H) ()
City		State	Zip	Phone (W)()
2. Name:				
Address:			·	Phone (H) ()
				Phone (W)()
3. Name:	·			
Address:				Phone (H) ()
City		State	Zip	Phone (W)()
our City, State, Co	ounty and da	ites of residen	ice for the pa	st five years
;	Ŝtate	e County		Dates

## 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\_\_\_\_\_\_