

Diocese of Gary Volunteer Screening Form Safe Environment Plan

Parish/School/Organization:_____

City:_____

This form is to be completed for all persons interested in serving in a ministry. This process is used to help the church provide a safe and secure environment for children, youth, and adults who participate in our programs and use our facilities.

| Name: | | | | | |
|---------------------------------|----------------------|---------------------------------|--------------|---------------------------------------|---|
| Last | | First | | Middle | |
| Address: | | | | | <u> </u> |
| City | | State | | Zip | |
| , | | | | | |
| Home Phone: () | | Other Phone: (|) | | |
| Emergency Contact Pe | erson: | Pł | none: (|) | · · · · · · · · |
| Email address: | | | | | |
| Employer: | | | | | |
| Indicate what type(s) o | of ministry work yo | ou prefer: | | | , , , , , , , , , , , , , , , , , , , |
| | | | | | |
| Are you a registered m | ember of the pari | sh? Yes No If yes, | since | | |
| List other churches you | u have attended o | or been involved with du | iring the la | st five years: | |
| CHURCH | CITY, ST | INVOLVEMENT | Г | FROM | ТО |
| | | | | | |
| | | | | | |
| | | | | | <u></u> |
| | | g, or experience <u>that qu</u> | | | |
| <u>seeking</u> , including prof | essional license o | or certification (use an a | idditional p | age if necessai | ry): |
| | | | | | <u></u> |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| Why do you wish to se | rve in this ministry | y? (Use an additional p | age if nec | essary): | |

Revised 9/21/04

List one personal and one professional reference you have known three years or more:

| | PERSONAL | | | | | |
|--|---------------|---|--|--|--|--|
| Name: | Relationship: | | | | | |
| Email: | Phone: () | | | | | |
| PROFESSIONAL | | | | | | |
| Name: | Relationship: | | | | | |
| Email: | Phone: () | | | | | |
| List your City, State, County, and dates of residence for the past five years: | | | | | | |
| CITY STATE | COUNTY DATES | _ | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

CONSENT TO RUN A CRIMINAL BACKGROUND CHECK

I give my consent to the Diocese of Gary to run a Criminal Background and Sex Offenders Check. All diocesan institutions may make a request to the School Office to provide the date of the check. The pastor/principal will be notified if the background check is cleared or uncleared. Any person who has been convicted or has a case pending of sexual misconduct will not be permitted to work or volunteer in a Diocesan sponsored environment.

Signature

Date of Birth Month/Day/Year