Appendix E - Application for Ministry with Children & Youth

Name:		
Address:		
Phone #s: (home)	(work)	(cell)
E-mail Address		
Social Security #		
Emergency Contact		
Phone #		
Name and relationship		
Occupation		
Current job responsibilities a	nd schedule:	
		or employers for the past ten years
add additional pages as need	ded)	
_		
Company name:		
Position held:		
Name of Supervisor and Pho	ne #	
Dates of employment: from_		to present
Company name:		
Position held:		
·		
		to
Company name:		
Position held:		
Dates of employment: from_		to
Reason for leaving position:		

Current and previous volunteer experience (include present and past experience for the past ten years – add additional pages as needed)

Organization:	
Duties:	
Name of Supervisor and Phone # _	
	_to
Organization:	
Duties:	
Name of Supervisor and Phone # _	
Dates: from	to
Organization:	
Duties:	
Name of Supervisor and Phone # _	
Dates: from	to
Special interests, hobbies, and skills	5:
In what ministries with adults do yo	ou envision engaging?
Why are you interested in these mi	nistries?
What personal qualities, training an ministries ?	nd/or skills do you have that would help you in these

Would you be available for periodic training sessions? Yes No

Keeping God's People Safe: Prohibition of Sexual Harassment & Exploitation

The Diocese of Iowa prohibits sexual harassment of Church Personnel by anyone (including supervisors or decision-makers, co-workers, consultants, vendors and other non-employees). The behavior of individuals engaging in such conduct, or supervisors or decision-makers who knowingly allow such behavior to continue, will not be tolerated. The Diocese of Iowa does not tolerate sexual exploitation in any form. Sexualexploitation is the development or attempted development of a sexual relationship between a person in any ministerial position, lay or ordained, and an individual with whom he or she has a Pastoral Relationship.

References: (Please provide three character references - other than family members - who can identify your strengths and weaknesses and describe your background and ability to relate with adults.)

1. Name	
Address	
Home/ work/ cell phone #s	
How does this person know you?	
2. Name	
Address	
Home/ work/ cell phone #s	
How does this person know you?	
3. Name	
Address	
Home/ work/ cell phone #s	
How does this person know you?	

Please answer the following questions. (If any of your answers are yes, please attach another page and write a full explanation.)

- Yes No 1. Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, neglect or mistreatment (emotional or physical) of children or youth?
- Yes No 2. Have you, at any time, been involved in or accused, rightly or wrongly of sexual harassment or sexual exploitation?
- Yes No 3. Have you ever been accused or convicted of possession/sales of controlled substances or of driving under the influence of alcohol or drugs?
- Yes No 4. Are you using illegal drugs?
- Yes No 5. Have you ever been arrested or convicted for any criminal act more serious than a traffic violation?
- Yes No 6. Have your ever had a paraphiliac diagnosis (pedophilia, exhibitionism, or voyeurism)?
- Yes No 7. Have you ever been asked to step away from ministry in any setting, paid or volunteer?
- Yes No 8. Is there anything in your past or current life that might be a problem if we found out about it later?

Acknowledgment, Release, and Signature

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, provide any information concerning my educational, employment, volunteer, driving, crimina record, sexual registry or other qualification for my employment or volunteering. I also authorize (congregation) to request and receive such information. In consideration of the receipt and evaluation of this application by the Church, hereby release any individual, church, youth organization, charity, employer, supervisor,	al
reference, or other person or organization, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs	Ο
family, because of compliance or any attempts to comply, with this authorization. I waive an	
right that I may have to inspect any information provided about me by any person or	•
organization identified by me in this application. If hired or chosen, I agree to be bound by t	
Diocese of Iowa Policies and Procedures Concerning Sexual Boundaries. I have been given a	
have read a copy of these Policies & Procedures. If I violate these Policies and Procedures, I	
understand that my volunteer status may be terminated. I state that I HAVE CAREFULLY REALISTING POLICY THE CONTENTS THE PROPERTY AND A SIGN THE CONTENTS.	
THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE	St
AS MY OWN ACT. This is a legally binding document, which I have read and understand.	
^ Signed	
Jigi ica	
Print name	
Date	
X	
Witness Signature & Date	

Witness Signature & Date X	
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