

**Appendix K - Application for Ministry with Adults**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #s: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Social Security # \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
Name and relationship \_\_\_\_\_  
Occupation \_\_\_\_\_  
Current job responsibilities and schedule: \_\_\_\_\_  
\_\_\_\_\_

**Employment History** (include present and prior employers for the past ten years – add additional pages as needed)

Company name: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name of Supervisor and Phone # \_\_\_\_\_  
Dates of employment: from \_\_\_\_\_ to present

Company name: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name of Supervisor and Phone # \_\_\_\_\_  
Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving position: \_\_\_\_\_

Company name: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name of Supervisor and Phone # \_\_\_\_\_  
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 # \_\_\_\_\_  
Dates: from \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_

In what ministries with adults do you envision engaging? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in these ministries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What personal qualities, training and/or skills do you have that would help you in these ministries ? \_\_\_\_\_  
\_\_\_\_\_

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. Sexual exploitation 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 you 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, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize

\_\_\_\_\_ [congregation] and the Diocese of Iowa to request and receive such information.

If hired or chosen, I agree to be bound by Diocese of Iowa policies and procedures, including but not limited to its Policies for the Prevention of Sexual Exploitation of Adults and Code of Conduct for Persons Having Pastoral Relationships. I understand that these may be changed, withdrawn, added to or interpreted at any time at the Diocese of Iowa’s sole discretion and without prior notice to me. I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of \_\_\_\_\_ [congregation] and the Diocese of Iowa, or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and \_\_\_\_\_ [congregation] and the Diocese of Iowa for employment, volunteering or the providing of any benefit.

I have read and understand the above provisions.

Signature X \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_