

## 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.

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Name:		First	Middle
Address:	<del></del>		
City		State	Zip
Home Phone: ( )_		Other Phone: ( )	
Emergency Contact F	erson:	Phone	:( )
Email address:			
Employer:			
Indicate what type(s)	of ministry work v	ou prefer:	
	or immonly workly	<u> </u>	
Are you a registered	member of the pa	rish? Yes No If yes, sinc	e
		rish? Yes No If yes, sinc	
List other churches ye	ou have attended	or been involved with during	the last five years:
List other churches ye	ou have attended		the last five years:
List other churches ye	ou have attended	or been involved with during	the last five years:
List other churches ye	ou have attended	or been involved with during	the last five years:
List other churches ye	ou have attended	or been involved with during	the last five years:
List other churches y	ou have attended  CITY, ST	or been involved with during  INVOLVEMENT	the last five years:  FROM TO
List other churches your church	ou have attended  CITY, ST	or been involved with during  INVOLVEMENT	the last five years:  FROM TO  PROM TO
List other churches your church	ou have attended  CITY, ST	or been involved with during  INVOLVEMENT  ng, or experience that qualifie	the last five years:  FROM TO  PROM TO
List other churches your church	ou have attended  CITY, ST	or been involved with during  INVOLVEMENT  ng, or experience that qualifie	the last five years:  FROM TO  PROM TO
List other churches your church	ou have attended  CITY, ST	or been involved with during  INVOLVEMENT  ng, or experience that qualifie	the last five years:  FROM TO  PROM TO
List other churches you  CHURCH  List any skills, talents  seeking, including pro	ou have attended  CITY, ST  , education, training of essional license	or been involved with during  INVOLVEMENT  ng, or experience that qualifie	the last five years:  FROM TO  PROM TO

Revised 9/21/04

List one persona	al and one professional r	eference you have known three	e years or more:		
		PERSONAL			
Name:		Relationship:	Relationship:		
Email:		Phone: ( )			
		PROFESSIONAL			
Name:		Relationship:			
Email:		Phone: ( )			
List your City, St	tate, County, and dates	of residence for the past five ye	ars:		
CITY	STATE	COUNTY	DATES		
	CONSENT TO RUN	A CRIMINAL BACKGROUND (	CHECK		
Check. All dioce the check. The Any person who	esan institutions may ma pastor/principal will be n has been convicted or l	y to run a Criminal Background ike a request to the School Offic otified if the background check has a case pending of sexual mesan sponsored environment.	ce to provide the date of is cleared or uncleared.		
Signature		Date of Birth	Month/Day/Year		