

QUESTIONNAIRE

To protect the privacy of all volunteers and employees, we ask everyone to mail this questionnaire--with the 1-page Acknowledgement of Receipt of the policy--to:

Director of Child Protection and Safety
 Diocese of Arlington
 200 North Glebe Road, Suite 914
 Arlington, VA 22203-3728

Do not give it to your supervisor or a representative of your parish or school.

PLEASE PRINT (OR TYPE) AND, IF POSSIBLE, USE BLACK INK. THANK YOU.

Answer all questions **as completely and accurately** as possible. Attach a separate sheet whenever necessary. Your answers shall be treated with the greatest respect and confidence and shall not be solely determinative of any action taken by the Catholic Diocese of Arlington. Your cooperation in filling out this questionnaire is greatly appreciated.

Who gave you this form to complete? What church or school or diocesan office?

I. **GENERAL INFORMATION** *Please circle one*

Miss Mrs. Ms. Mr. Dr. Fr. Msgr. Deacon Sr. Bro.

1. Name _____
Last First and MI or middle name

2. Social Security No. _____
 If none, write "NO SSN"

3. Telephone Numbers () _____ () _____
Home Work

4. Please list any other names, including maiden names, names by previous marriages, "nicknames," aliases, etc. by which you have ever been known; and if applicable, the periods of time during which you were known to anyone by such other names, aliases, etc.

Name	From (year)	To (year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Current address _____
Number Street Apt. No.

City, state, ZIP code _____

6. Have you resided at this address for the past five years? *Please circle one:* Yes No

7. If no, please list all your addresses for the past five years

a. Number & street _____
 City, state, ZIP code _____
 From (month & year) _____ To (month & year) _____

b. Number & street _____
 City, state, ZIP code _____
 From (month & year) _____ To (month & year) _____

c. Number & street _____
City, state, ZIP code _____
From (month & year) _____ To (month & year) _____

II. **RESIDENCY INFORMATION**

Have you **EVER** resided in any other states or territories within the United States other than those listed in section I above? *Please circle one:* Yes No

If yes, please list those states or territories: _____

III. **EMPLOYMENT HISTORY** *Please follow these instructions.* Starting with your current employment, list in reverse order your employment history for the past five (5) years.

- Please note **ANY** extended periods of non-employment (more than six months).
- If you were a homemaker, print "homemaker" and the period of time.
- If you were a student, print "student" and the name, city, and state of the school, and the period of time.
- If you were unemployed, print "unemployed" and the period of time.
- If you were not employed within the last five years, please include your last and next to last employer.
- If you have been employed with only one organization/entity within the last five years, please include your last and next to last employer.

1. Employed by _____ Tel. () _____
Address _____
Number Street Suite
City, state, ZIP code _____
Your position _____
Dates Employed From (month & year) _____ To (month & year) _____
Supervisor's name & title _____
Description of job/responsibilities _____
Reason(s) for leaving _____

2. Employed by _____ Tel. () _____
Address _____
Number Street Suite
City, state, ZIP code _____
Your position _____
Dates Employed From (month & year) _____ To (month & year) _____
Supervisor's name & title _____
Description of job/responsibilities _____

Reason(s) for leaving _____

3. Employed by _____ Tel. () _____
Address _____
 Number Street Suite
City, state, ZIP code _____
Your position _____
Dates Employed From (month & year) _____ To (month & year) _____
Supervisor's name & title _____
Description of job/responsibilities _____

Reason(s) for leaving _____

4. Employed by _____ Tel. () _____
Address _____
 Number Street Suite
City, state, ZIP code _____
Your position _____
Dates Employed From (month & year) _____ To (month & year) _____
Supervisor's name & title _____
Description of job/responsibilities _____

Reason(s) for leaving _____

5. Employed by _____ Tel. () _____
Address _____
 Number Street Suite
City, state, ZIP code _____
Your position _____
Dates Employed From (month & year) _____ To (month & year) _____
Supervisor's name & title _____
Description of job/responsibilities _____

Reason(s) for leaving _____

IV. Has a civil complaint (including internal complaints given to management or supervisors at places of employment) or a criminal complaint ever been filed against you which alleged **sexual misconduct or child abuse** by you or your participation in or facilitation of such activities?

Please circle one: Yes No

If yes, explain. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed, disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.

V. Do you presently serve, or have you ever served, as a volunteer for any organization, entity, or group in which you had **significant contact with children or other vulnerable populations** (e.g., elderly, mentally or emotionally handicapped, etc.)?

Please circle one: Yes No

If yes, please provide the name, address, and telephone number of the organization; period of volunteer service; supervisor's name; and briefly describe your activities and/or duties.

VI. 1. Have you ever terminated any employment or volunteer service for reasons relating to allegations of **sexual misconduct or child abuse** by you?

Please circle one: Yes No

2. Have you ever chosen not to renew or continue any employment or volunteer service for reasons relating to allegations of **sexual misconduct or child abuse** by you?

Please circle one: Yes No

3. Have you ever had your employment or volunteer service terminated for reasons relating to allegations of **sexual misconduct or child abuse** by you?

Please circle one: Yes No

4. Have you ever been subject to any disciplinary action for reasons relating to allegations **sexual misconduct or child abuse** by you?

Please circle one: Yes No

If your answer to any of the foregoing questions is yes, please explain. Please include in your explanation the date, nature, and place of the occurrence(s) or allegation(s); and the disposition of the matter(s). In addition, please identify your employer and supervisor at the time of any such occurrence(s) or allegation(s) by name, address, and telephone number.

IX. **CATHOLIC ORGANIZATION** Please complete all sections that apply to you.

VOLUNTEERS

Are you a volunteer, or going to be one, working with children in a Catholic organization in Virginia?
Please circle one: Yes No

- For what parish or diocesan organization? _____
Is this the (please circle): School Day-Care Center Parish Other: _____
- What best describes what you do for the Church? (please circle):

CCD/Religious Education	Coach	Day-Care	Parish Nursery	Scouts	Youth
Children’s Liturgy	Other: _____				

APPLICANTS

Are you seeking employment in a Catholic organization in Virginia?
Please circle one: Yes No

- For what parish or diocesan organization? _____
Is this the (please circle): School Day-Care Center Parish Other: _____

EMPLOYEES

Are you currently an employee of a Catholic organization in Virginia?
Please circle one: Yes No

- For what parish or diocesan organization? _____
Is this the (please circle): School Day-Care Center Parish Other: _____

X. **CERTIFICATION** The information I have provided on this questionnaire is accurate to the best of my knowledge and may be verified by the Catholic Diocese of Arlington. I agree **upon request** to execute any releases and/or other documents necessary to permit the release of records of prior employment, judicial records, law enforcement records and any information pertinent to matters addressed in this questionnaire to the Catholic Diocese of Arlington.

Signature _____

Date _____

Printed Name _____

PLEASE DO NOT WRITE BELOW THIS LINE: FOR CDA OFFICE USE ONLY

Ack _____ Appl _____ IRD _____

Ques AQA _____

Par Code _____