



Screening Form



This application is to be completed by all applicants for a volunteer and/or staff position at Our Lady of Angels Catholic Church, 1914 Ridgeview Drive, Allen, TX 75013. This Screening Form is not an employment application. Please complete the form in its entirety. The screening process is used to help the church provide a safe and secure environment for children, youth and adults who participate in our Parish and use our facilities.

Personal Information

Name _____
Last First Middle

Address _____
City State Zip

E-mail Address (main) _____

E-mail Address (alternate) _____

Home Phone (____) _____ Cell Phone (____) _____

Employer _____ Work Phone (____) _____

Emergency Contact _____ Phone (____) _____

Are you a registered member of this parish? Yes Since _____ No

List any skills, talents, education, training or experience that will contribute to the volunteer position you are seeking, including any professional license or certification:

Which Ministry(ies) are you applying for? _____

FOR OFFICE USE ONLY

List all other churches you have attended or been involved with during the last five years:

Church	Location	Involvement	From / To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List three personal references you have known three years or more. (no relatives or former employers)

1. Name: _____ Phone (H) (____) _____

Address: _____ Phone (C) (____) _____

City: _____ State _____ Zip _____ Phone (W) (____) _____

2. Name: _____ Phone (H) (____) _____

Address: _____ Phone (C) (____) _____

City: _____ State _____ Zip _____ Phone (W) (____) _____

3. Name: _____ Phone (H) (____) _____

Address: _____ Phone (C) (____) _____

City: _____ State _____ Zip _____ Phone (W) (____) _____

List your City, State, County and dates of residence for the past five years:

City	State	County	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please answer the following questions truthfully. Your response will be treated with reasonable precautions of confidentiality.

Are you presently abusing alcohol or using any illegal drugs?

Yes No

Have you ever been convicted of, pleaded guilty or no contest to, been placed on probation, given probation, been given community supervision, or been given deferred adjudication for a crime, or are you now under charges for any criminal offense?

Yes No

Volunteer Statement – Read Carefully!

The information contained in this application is correct to the best of my knowledge.

I understand that all criminal background checks will be treated as confidential.

I understand and authorize the access to any and all information and records relating to my criminal history or criminal offenses committed or alleged, including all arrests, alleged criminal acts or criminal offenses.

I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information (including opinions) regarding my character and fitness for service.

I hereby release any reference contact, whether identified or not in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs/ family, on account of compliance with this authorization, excepting only the communication of knowingly false information.

I am aware that background checks may be updated periodically.

If a disqualifying offense is found on a criminal background check, there is an appeal process in the Safe Environment Program. I understand that this process allows me to verify information and correct any errors.

I have carefully read this release and know the contents; I sign this release as my own free act. This is a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.

Print Name _____

Date of Birth / / Place of Birth _____
Month / Day / Year

Driver License Number _____ State _____

Social Security Number _____

Signature _____ Date / /
Month / Day / Year

Privacy Agreement

As a representative of the community of Our Lady of Angels Catholic Parish, I understand that I am committed to continuing Christ's mission to further the Kingdom of God by living out our Catholic faith as an example of Christ's presence in the world. I am committed to using my gifts and talents for the common good.

As part of my commitment to provide a secure environment in which to build a spirit-filled community, I understand that confidentiality of certain information is an important part of that process. **I hereby agree not to disclose or use for any personal gain any and all confidential information obtained in my role as a volunteer or employee of Our Lady of Angels Parish.** For purposes of this agreement, confidential information includes facts, information or knowledge of:

- Personal circumstances and life situations of priests, deacons, parishioners, and other staff members
- Contributions of parishioners and other financial information regarding Our Lady of Angels Parish, priests, deacons, parishioners and staff members
- Internal discussions within the parish staff or executive sessions of parish advisory councils
- Any overheard conversation or any conversation intended to be private between staff members or such persons who come to the parish seeking assistance
- Any written or electronic information which is intended to be private
- Other information which by its nature is intended to be private

I understand that this agreement prohibits disclosure of confidential information to even family members. It is understood, however, that the privacy provisions shall not apply if disclosure of the information is required by a subpoena or a legal requirement for disclosure, or if the information already has been published or disclosed to the general public. This agreement also does not preclude reporting illegal or immoral activity to the proper authority.

I understand that a departure from or failure to abide by the terms of this Privacy Agreement could result in immediate termination of my position as employee or cessation of my acting as a volunteer. This agreement shall continue to apply subsequent to the date that the undersigned is no longer a representative of Our Lady of Angels Catholic Church.

Acknowledgement

The Diocese of Dallas Safe Environment Program for Diocesan Entities and Policy on Sexual Misconduct manuals have been prepared as guides to assist you when working with the children, youth, elderly and developmentally disabled persons at Our Lady of Angels Catholic Church. The information contained in that document establishes guidelines only. The Diocese and/or Parish reserve the right to make changes in the content or application of these guidelines and to implement those changes with or without notice.

I acknowledge that I have received and read a copy of the Diocese of Dallas Safe Environment Program for Diocesan Entities and Policy on Sexual Misconduct manuals. I understand it is my responsibility to be familiar with and adhere to the policies and procedures contained therein.

Agreed _____

Printed Name

Date ____ / ____ / ____
Month / Day / Year