

APPENDIX D

(p. 1 of 2)

CONFIDENTIAL

**DIOCESE OF KNOXVILLE
APPLICATION FOR CHILDREN/YOUTH WORK**

This application is to be completed by all applicants for any position (regular volunteer or compensated) involving the supervision or custody of minors, or any work or ministry in proximity to minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

PERSONAL

Date: _____

Name: _____

Last

First

Middle

Present Address: _____
Number Street City State Zip

Home Phone: () _____

What type of children/youth work do you prefer: _____

On what date would you be available? _____

Minimum length of commitment: _____

Have you any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children's work? _____ Yes _____ No. If Yes, please explain: _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? If so, please explain: _____

CHURCH ACTIVITY

Appendix D (p.2 of 2)

Name of church of which you are a member: _____

List (name and address) other churches you have attended regularly during the past five years.

List all previous church work involving youth (identify church and type of work) or any other youth work.

List any gifts, callings, training, education or other factors that have prepared you for children/youth work.

PERSONAL REFERENCES

(not former employers or relatives)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for child/youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the policies of the Roman Catholic Diocese of Knoxville, and to refrain from conduct which is contrary to Catholic moral teaching in the performance of my services on behalf of the church.

Applicant's signature _____

Date: _____

Witness _____

Date: _____

APPENDIX F

DIOCESE OF KNOXVILLE

Applicant's Certification

As an applicant to become an employee or regular volunteer with the Diocese of Knoxville, I hereby attest and certify that I have never been accused of, convicted of, or pleaded guilty to: sexual abuse, molestation, fondling or carnal knowledge of a child under the age of 18, gross sexual imposition, voyeurism, public indecency, rape or attempted rape, or any existing or former offence of any municipal corporation, the State of Tennessee, or any other State of the United States that is substantially equivalent to any of the above offenses or involves criminal sexual activity of any nature. (If you have been accused of, convicted of or pleaded guilty to any of the above offenses and wish to explain the circumstances thereof, please do so on a separate sheet.) I further certify that I have never been discharged from employment or a volunteer position because of any activity above described.

I hereby authorize any present or former employer or person, firm, corporation, physician or government agency to answer all questions and to release or provide any information within their knowledge or records dealing with the above named areas of conduct, and I agree to hold any and all of them harmless and free of any liability for releasing any information that is within their knowledge and records. I authorize the Diocese of Knoxville to conduct a check of my police and criminal records in accordance with the law of Tennessee.

I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may disqualify my application or result in my immediate dismissal if I am already employed.

I further agree to notify the Diocese of Knoxville, if I become employed or appointed, of any sexual misconduct I am charged with or convicted of in the future.

PRINTED NAME

APPLICANT SIGNATURE

DATE _____

Appendix G

Diocese of Knoxville Code of Pastoral Conduct For Priest, Deacons, Pastoral Ministers, Administrators, Staff, and Volunteers

IV. Volunteer's Code of Conduct

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our [parish, school, facility, diocese, etc.].

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and (*the local Child Protection Service agency*). I understand that failure to report suspect abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure of take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

Volunteer's Printed Name

Volunteer's Signature

Date

APPENDIX H

DIOCESE OF KNOXVILLE

Employee Certification of Review

I, _____, SSN : _____, acknowledge that,
as personnel or a volunteer officially representing the Diocese of Knoxville, I have read the **STATEMENT OF POLICY AND PROCEDURE** of the Diocese of Knoxville relating to sexual misconduct and am familiar with its content, obligations and consequences. In particular I understand the reporting requirements contained in the **STATEMENT OF POLICY**. Furthermore, I have read the Diocese of Knoxville **CODE OF PASTORAL CONDUCT** and agree to follow it while in the employment or service of the Diocese of Knoxville.

This _____ day of _____, 20_____.

Signature

Printed Name

Name of Church Institution (e.g., parish, school, etc.)



MIND YOUR BUSINESS

Pre-Employment Background and EEO Investigation Services

DISCLOSURE

As part of the process of determining your eligibility for employment and, in the event you are hired, your continued employment with _____, _____ may conduct an investigation of your background by obtaining a consumer report or investigative consumer report relating to you from a consumer reporting agency of its choice. The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, education, employment history, criminal history, motor vehicle history, workers compensation history or mode of living.

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. I acknowledge receipt of a copy of my rights under the Fair Credit Reporting Act. If _____ intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act.

To assist _____ in obtaining a consumer report, the following information is provided:

MA, MN, OK, NY, ME, WA, NJ, and CA applicants only: If you want a free copy of the report(s) ordered, check this box .

Full Name (Printed) _____
First Middle Last Maiden/Other

Signature _____ Date _____

Complete Residence Address _____
Street Number/ PO Box Street Name

City _____ State _____ Zip Code _____ County _____

Date of Birth* _____ Social Security Number _____ Gender _____ Race _____
(*You may elect to call MYB directly at (888) 758-3776 with this information)

Driver's License Number _____ State Issued _____

Daytime Telephone Number _____ Email _____

Please list all additional residences that you have resided in during the past 7 years:

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County

AUTHORIZATION

I hereby authorize _____ to make an independent investigation of my background by obtaining a consumer report relating to me from *Mind Your Business, Inc. ("MYB")* I understand and agree that the information contained in any consumer report will be used to determine eligibility for employment and, if I am hired, my eligibility for continued employment, and that action may be taken by _____ based on this information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to _____, by and through *MYB*, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, *including alcohol and controlled substance information from previous employers.*

Full Name (Printed) _____
First Middle Last Maiden/Other

Signature _____ Date _____