



Diocese of Altoona-Johnstown

Employees/Volunteers Application Form: *to be utilized by all employees or volunteers to be engaged in ministry within the Diocese of Altoona-Johnstown.*

Personal Information

Name _____
Last First Middle Maiden Name/Alias

Present Address: Street _____
City _____ State _____ Zip Code _____

Home Phone: _____ Alternate Phone # _____

Ministry Position engaged in: _____

Social Security Number _____ Date of Birth _____

List the name, location and dates of attendance with respect to the last two educational institutions in which you have been enrolled.

Name of Institutions	Date/s Attended	Degree/Diploma
1. _____	_____	_____
2. _____	_____	_____

Previous home addresses (if any) with applicable dates. List at least last two.

Parish Name /City _____

List all previous church and/or employment, volunteer work involving youth.

Name	Location/Address	Phone	Contact person	Type of Work	Dates
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

List your employers for the past ten years.

Employer Street Address Phone Contact Person Dates of Employment

Please respond Yes or No to the following questions. Any yes answer requires a detailed explanation below.

- Yes No Have you ever been convicted of a felony?
- Yes No Have you ever had your driver's license or a professional license revoked or suspended?
- Yes No Have you been arrested/charged with driving under the influence of alcohol/other substance?
- Yes No Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?
- Yes No Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of young people?

If you answered yes for any of the above, please explain. _____

Please furnish at least three references other than relatives or present or former employers.

Name _____ Relationship _____

Complete Address _____

Phone Number _____

Name _____ Relationship _____

Complete Address _____

Phone Number _____

Name _____ Relationship _____

Complete Address _____

Phone Number _____

I declare that all statements contained in this form are true and that any misrepresentation or omission is cause for discontinuation of my involvement as an employee or a volunteer. I authorize the Diocese of Altoona-Johnstown or _____ (name of Parish/Organization) to conduct personal & professional reference checks as needed. I realize that the criminal record check will be conducted by the Diocese of Altoona-Johnstown or the above mentioned Parish/Organization or I may be asked to furnish it. I hereby release and agree to hold harmless from liability any person or organization that provides information to the Diocese of Altoona-Johnstown and/or the above mentioned Parish/Organization and their employees, officers and directors or any authorized representative of the same as a result of this record.

My signature indicates that I have read and understood the above statement and am signing below of my own free will. I also understand that the Diocese of Altoona-Johnstown will conduct a background check every three years for the duration of my employment/volunteerism.

Signature of Employee/Volunteer

Date

Printed Name