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.

Name: ____________________________
   Last       First       Middle

Address: ____________________________
   City       State       Zip

Home Phone: (     )__________________ Other Phone: (     )__________________

Emergency Contact Person: ____________________________ Phone: (     )__________________

Email address: ____________________________

Employer: ____________________________

Indicate what type(s) of ministry work you prefer: ____________________________

Are you a registered member of the parish?  Yes   No  If yes, since ____________________________

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

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<th>CITY, ST</th>
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List any skills, talents, education, training, or experience that qualifies you for the position you are seeking, including professional license or certification (use an additional page if necessary):

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Why do you wish to serve in this ministry? (Use an additional page if necessary): ____________________________

Revised 9/21/04
List one personal and one professional reference you have known three years or more:

PERSONAL

Name: ___________________________ Relationship: ___________________________

Email: ___________________________ Phone: ( ) ___________________________

PROFESSIONAL

Name: ___________________________ Relationship: ___________________________

Email: ___________________________ Phone: ( ) ___________________________

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

CITY ___________ STATE ___________ COUNTY ___________ DATES ___________

________________________________

________________________________

________________________________

CONSENT TO RUN A CRIMINAL BACKGROUND CHECK

I give my consent to the Diocese of Gary to run a Criminal Background and Sex Offenders Check. All diocesan institutions may make a request to the School Office to provide the date of the check. The pastor/principal will be notified if the background check is cleared or uncleared. Any person who has been convicted or has a case pending of sexual misconduct will not be permitted to work or volunteer in a Diocesan sponsored environment.

Signature ___________________________ Date of Birth ___________ Month/Day/Year ___________