



DISCLOSURE FORM FOR MINISTERS TO CHILDREN AND YOUTH

This form is to be completed by any person before serving in a voluntary or professional capacity in service to children or youth within the Diocese of Salina. This includes persons assisting with any and all programs for persons of minor age sponsored by the Diocese of Salina, Catholic schools, and parishes. The information provided in this form will be made available only to persons in positions of responsibility for specific diocesan, Catholic school, and/or parish programs in which the undersigned seeks to become involved.

Parish _____ School _____

Legal Name _____ Home Phone _____ Date of Birth _____

Street Address _____ City/State/Zip _____

1. List all previous work you have done with young people as a volunteer and/or professionally, including both church and community-related service. Please include years with each service.

2. List any particular gifts, education, training, etc., which have prepared you for work with young people.

3. For each of the following, please circle either YES or NO.

A. Have you ever been convicted of a crime? YES NO

B. Have you ever been charged with or convicted of a matter involving child abuse, neglect, or any form of sexual misconduct with a minor? YES NO

C. Is there any other fact or circumstance which might call into question the appropriateness of your being entrusted with the supervision of young people? YES NO

4. If the answer to any of the previous questions is yes, please explain below:

(You need to complete this section ONLY if you will be transporting youth other than your own family during the course of your service.)

Has your driver's license ever been suspended or revoked? YES NO
If yes, please explain:

Driver's License No. _____ State _____

Please include photocopy of your driver's license and current insurance. (Required by Catholic Mutual Insurance Company)

List three persons who can provide character references relating to your fitness for working with young people. These should not be family members or past or present employers.

Name _____ Home Phone _____

Street Address/City/State _____

Name _____ Home Phone _____

Street Address/City/State _____

Name _____ Home Phone _____

Street Address/City/State _____

SAFE ENVIRONMENT TRAINING INFO:

MUST BE FILLED OUT BY YOUR PARISH SAFETY COORDINATOR

Certification Status Date (ex. 12-03-2015)

The Safety Coordinator of your parish must enter the date (*mo/day/year*) from the CMGConnect data base into the shaded box above and sign and date below, before sending this form to the Diocese.

This certification status date represents Safe Environment Training through the Diocese of Salina (this may include any VIRTUS training and background check or CMGConnect training (with integrated background check) that has been completed.

Parish Safety Coordinator Signature _____ Date _____

If you have questions, please contact the Safety and Security Office (785.827.8746) #24 for assistance.

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well as the Diocese of Salina, its Catholic schools, and its parishes.

Should I be accepted for service, I agree to maintain personal propriety in my conduct with young people and to conduct myself so as not to cause discomfort or give scandal to those whom I serve and with whom I work. I understand that failure to do so will serve as sufficient grounds for immediate dismissal from service.

Applicant's Signature _____ Date _____

Pastor's Signature _____

Title _____