

## Official legal form for the Diocese of Salina

## 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.

Paı	<mark>Parish</mark>	School		
Leg	Legal Name	Home Phone	Date of Birth	
Str	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., w	which have prepared you	for work with young people.	
3.	For each of the following, please circle either <u>YES</u> A. Have you ever been convicted of a crime?			
	<ul><li>B. Have you ever been charged with or convior of sexual misconduct with a minor? YE</li><li>C. Is there any other fact or circumstance wh</li></ul>	ES NO		
4.	entrusted with the supervision of young po	eople? YES NO		
	(You need to complete this section ONLY if you during the course of your service.)	ı will be transporting yo	uth other than your own family	
	Has your driver's license ever been suspended or If yes, please explain:  ———————————————————————————————————	r revoked? YES NO		
	Driver's License No	St	ate	
	Please include photocopy of your driver's licent Insurance Company)	se and current insuran	ce. (Required by Catholic Mutual	

## FORM A

List three persons who can provide character references relating to you These should not be family members or past or present employers.	ir fitness for working with young people.			
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 ( <i>mo/day/year</i> ) 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	ce (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 conduct myself so as not to cause discomfort or give scandal to those vunderstand that failure to do so will serve as sufficient grounds for improve	whom I serve and with whom I work. I			
Applicant's Signature	Date			
Pastor's Signature				
Title				

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