



FORM A - DISCLOSURE FORM FOR THOSE ADULTS MINISTERING 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, and youth ministry events as well as adult volunteers transporting minors to these events. 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 _____
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:

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

Have you completed the CMG Defensive Driving Curriculum? NO YES Date Completed _____

Has your driver's license ever been suspended or revoked? NO YES

If yes, please explain:

Driver's License No. _____ State _____

With this form, please include a copy of

- a. your current driver's license
- b. your current car insurance on the vehicle you will be driving

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/SCHOOL SAFETY COORDINATOR

The Safety Coordinator of your parish/school will enter the certification status date (mo./day/year) from the CMGConnect data base into the shaded box and sign and date below. This must be completed before submitting/filing this form.

Certification Status Date (ex. 12-03-2018)

This certification status date represents the date you completed Safe Environment Training /background for the Diocese of Salina.)

Parish/School Safety Coordinator Signature _____ Date _____

If you have questions, please contact the Safe Environment 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 _____

Please submit this form to the event coordinator or keep on file at school or parish.