

Information Questionnaire

Parish/ School _____ City _____

This information questionnaire is to be completed by all clergy of the Archeparchy, all clergy seeking residence within the Archeparchy, all clergy who are invited to preach invited or are seeking to substitute in the Archeparchy.
This information questionnaire is also to be completed by all staff and volunteers, and those seeking any position within the Archeparchy.
This process assists the Archeparchy in providing a safe and secure environment for children, youth and adults within the Archeparchy.

Personal

Name _____
Last First Middle

Address _____

_____ City State Zip

Home Phone () _____ Work Phone () _____

Date of Ordination Diaconate _____ Priesthood _____

Were you incardinated? _____ Where? _____

Date of Perpetual Vows _____

Current Ministry _____ Place _____

Date of Birth _____ Place of Birth _____

Country of Citizenship _____

If not USA, under what status are you a resident? _____

Please indicate Visa type _____ Date of Expiration _____

Emergency Contact Person _____ Phone () _____

Employer_____

Indicate what type of ministry work you prefer:

Preschool Children Youth Adult Other _____

Are you a registered member of the parish? Yes Since_____ No

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

Church	Address	Involvement	From	To
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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:

*Volunteer means any unpaid person engaged in or involved in a Diocesan activity, and who is entrusted with the care and supervision of children, and/or persons engaged or involved in ministry who have regular individual contact with the elderly or disabled.

This application is to be completed for all applicants for any position (volunteer* or compensated). This is not an employment application. Persons seeking employment will be required to provide additional information. This process is used to help the Archeparchy provide a safe and secure environment for children, youth and adults who participate in our program and use our facilities.

Name_____

List three personal references you have known three years or more. (not former employers)

1. Name: _____

Address: _____ Phone (H)(____) _____

City _____ State _____ Zip _____ Phone (W)(____) _____

2. Name:

Address: _____ Phone (H)(____) _____

City _____ State _____ Zip _____ Phone (W)(____) _____

3. Name:

Address: _____ Phone (H)(____) _____

City _____ State _____ Zip _____ Phone (W)(____) _____

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

City State County Dates

Because the Archeparchy of Philadelphia cares for our children, youth and adults, and desires to protect them, we ask all applicants to please answer the following questions. We understand that the following questions are personal and we will take all reasonable procedures to protect your privacy.

Social Security Number _____

Drivers License Number _____ State _____

Are you presently abusing alcohol or using any illegal drugs?

Yes No

Have you ever been convicted of, pleaded guilty or no contest to, placed on probation for, given probation, given community supervision, or given deferred adjudication for a crime or are you now under charges for any criminal offense?

Yes No

Answering yes to these questions will not automatically exclude you for ministry in the Archeparchy. The following lines are for any explanations or details that you would like to include for yes answers above.

Please read and complete the Clergy /Applicant Release Statement

CHURCH USE ONLY			
Name _____	Not Clear	Clear	Date _____
Application Complete			Date _____
Interviewed By _____			Date _____
Reference Check By _____			Date _____
Criminal Background Check:			Date _____
Volunteer Center	Internet		
Private Investigator	DPS		
Other _____			
Follow Up Background Check			Date _____

Clergy/Applicant Release Statement – Read Carefully!

- The information contained in this application is true and correct to the best of my knowledge.
- I understand that all criminal background checks will be treated as confidential.
- I understand and authorize the access to any and all information and records relating to my criminal history or criminal offenses committed or alleged, arrests, alleged criminal acts and criminal offenses committed.
- I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information (including opinions) regarding my character and fitness for service.
- I hereby release any reference contact, whether identified or not in this application, and waive any and all claims, liability for damages of whatever kind or nature which may at any time result to me, my heirs/family, on account of compliance with this authorization, excepting only the communication of knowingly false information.
- I am aware that background checks may be updated periodically.
- If a disqualifying offense is found on a criminal background check, there is an appeal process in the Safe Environment Program. I understand that this process allows me to verify information and correct any errors.
- I intend this to be a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.
- I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS. I SIGN THIS RELEASE AS MY OWN FREE ACT.

(Applicants for a paid position: Do NOT fill in Date of Birth)

Date of Birth _____ Social Security Number _____

Driver License Number _____ State _____

Name _____ (Printed)

Signature _____ Date _____

Received by: Rev. _____ Date _____