



# CONFIDENTIAL SCREENING FORM

## for Prevention of Sexual Exploitation

Name \_\_\_\_\_

Church or program \_\_\_\_\_

### Applicant Information

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Address: Street \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ email address \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Previous address: street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's License # \_\_\_\_\_ (attach copy)

Date when you became a member of Church Name Church

Year \_\_\_\_\_ Month \_\_\_\_\_

### Type of Ministry

Please indicate the type of ministry you are interested in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past History

Have you ever been convicted or pleaded guilty to a crime, other than minor traffic offenses?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes (please explain)

\_\_\_\_\_  
\_\_\_\_\_

**Past Experience & Training**

Please list all previous experiences working with in both church and non-church organizations. Provide names, addresses, work descriptions and dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List specific training, personal strengths, and other factors that have helped prepare you for your ministry

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please provide us with three personal references (not former employers or relatives) including names, addresses and telephone numbers.

- 1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Relationship \_\_\_\_\_
- 2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Relationship \_\_\_\_\_
- 3. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Training**

Training is required for this position.

**Acknowledgement, Release and Signature**

To the best of my knowledge, the information contained in the Screening Form is complete and accurate. I understand that providing false or incomplete information is ground for not hiring me or choosing me as a volunteer or for my discharge if I have already been hired or chosen.

I authorize investigation of all statements contained in the Screening Form as may be necessary for arriving at a decision concerning my suitability for working in this position.

I authorize any person or organization, whether or not identified in the Screening Form, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry, or other qualifications for my employment or volunteering and opinions regarding my character or fitness for working in this ministry.

In consideration of your receipt and evaluation of this Screening form, I hereby release any person or organization, including any individual, church, youth organization, charity, employer past or present, reference, or any other person, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or my family, an account of any compliance, or any attempts to comply with this authorization. I waive any right I may have to inspect any information provided by any person or organization in connection with arriving at a decision concerning my suitability for working in this position.

If hired or chosen, I agree to be bound by all policies and procedures of \_\_\_\_\_ (this Organization) and of the Episcopal Church in the Diocese of Northern California, including but not limited to those pertaining to sexual exploitation, sexual harassment, and child abuse, including but not limited to Policies for the Prevention of Sexual Exploitation of Adults in the Episcopal Diocese of Northern California, Policies for the Prevention of Sexual Harassment of Church workers in the Diocese of Northern California, and Keeping Kids Safe, Child Abuse Prevention Workshop Training Manual of the Episcopal Church in the Diocese of Northern California.

I also understand that (unless otherwise provided in a Letter of Agreement) my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of \_\_\_\_\_ (this Organization).

I have read and understand the above provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Should I be accepted for parish work with minors, I agree to be bound by the bylaws and policies of the parish, to work for the up-building of the organization.

Applicant's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_