

**QUESTIONNAIRE**

To protect the privacy of all volunteers and employees, we ask everyone to mail this questionnaire--with the 1-page Acknowledgement of Receipt of the policy--to:

Director of Child Protection and Safety  
Diocese of Arlington  
200 North Glebe Road, Suite 914  
Arlington, VA 22203-3728

**Do not give it to your supervisor or a representative of your parish or school.**

PLEASE PRINT (OR TYPE) AND, IF POSSIBLE, USE BLACK INK. THANK YOU.

Answer all questions **as completely and accurately** as possible. Attach a separate sheet whenever necessary. Your answers shall be treated with the greatest respect and confidence and shall not be solely determinative of any action taken by the Catholic Diocese of Arlington. Your cooperation in filling out this questionnaire is greatly appreciated.

Who gave you this form to complete? What church or school or diocesan office?

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I. **GENERAL INFORMATION** *Please circle one*

Miss Mrs. Ms. Mr. Dr. Fr. Msgr. Deacon Sr. Bro.

1. Name \_\_\_\_\_  
Last First and MI or middle name

2. Social Security No. \_\_\_\_\_  
 If none, write "NO SSN"

3. Telephone Numbers ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work

4. Please list any other names, including maiden names, names by previous marriages, "nicknames," aliases, etc. by which you have ever been known; and if applicable, the periods of time during which you were known to anyone by such other names, aliases, etc.

Name	From (year)	To (year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Current address \_\_\_\_\_  
Number Street Apt. No.

City, state, ZIP code \_\_\_\_\_

6. Have you resided at this address for the past five years? *Please circle one:*      Yes      No

7. If no, please list all your addresses for the past five years

a. Number & street \_\_\_\_\_  
 City, state, ZIP code \_\_\_\_\_  
 From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_

b. Number & street \_\_\_\_\_  
 City, state, ZIP code \_\_\_\_\_  
 From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_

c. Number & street \_\_\_\_\_  
City, state, ZIP code \_\_\_\_\_  
From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_

II. **RESIDENCY INFORMATION**

Have you **EVER** resided in any other states or territories within the United States other than those listed in section I above? *Please circle one:* Yes No

If yes, please list those states or territories: \_\_\_\_\_

III. **EMPLOYMENT HISTORY** *Please follow these instructions.* Starting with your current employment, list in reverse order your employment history for the past five (5) years.

- Please note **ANY** extended periods of non-employment (more than six months).
- If you were a homemaker, print "homemaker" and the period of time.
- If you were a student, print "student" and the name, city, and state of the school, and the period of time.
- If you were unemployed, print "unemployed" and the period of time.
- If you were not employed within the last five years, please include your last and next to last employer.
- If you have been employed with only one organization/entity within the last five years, please include your last and next to last employer.

1. Employed by \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street Suite  
City, state, ZIP code \_\_\_\_\_  
Your position \_\_\_\_\_  
Dates Employed From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_  
Description of job/responsibilities \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_

2. Employed by \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street Suite  
City, state, ZIP code \_\_\_\_\_  
Your position \_\_\_\_\_  
Dates Employed From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_  
Description of job/responsibilities \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

3. Employed by \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street Suite  
City, state, ZIP code \_\_\_\_\_  
Your position \_\_\_\_\_  
Dates Employed From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_  
Description of job/responsibilities \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

4. Employed by \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street Suite  
City, state, ZIP code \_\_\_\_\_  
Your position \_\_\_\_\_  
Dates Employed From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_  
Description of job/responsibilities \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

5. Employed by \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street Suite  
City, state, ZIP code \_\_\_\_\_  
Your position \_\_\_\_\_  
Dates Employed From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_  
Description of job/responsibilities \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

IV. Has a civil complaint (including internal complaints given to management or supervisors at places of employment) or a criminal complaint ever been filed against you which alleged **sexual misconduct or child abuse** by you or your participation in or facilitation of such activities?

Please circle one:      Yes      No

If yes, explain. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed, disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.

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V. Do you presently serve, or have you ever served, as a volunteer for any organization, entity, or group in which you had **significant contact with children or other vulnerable populations** (e.g., elderly, mentally or emotionally handicapped, etc.)?

Please circle one:      Yes      No

If yes, please provide the name, address, and telephone number of the organization; period of volunteer service; supervisor's name; and briefly describe your activities and/or duties.

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VI. 1. Have you ever terminated any employment or volunteer service for reasons relating to allegations of **sexual misconduct or child abuse** by you?

Please circle one:      Yes      No

2. Have you ever chosen not to renew or continue any employment or volunteer service for reasons relating to allegations of **sexual misconduct or child abuse** by you?

Please circle one:      Yes      No

3. Have you ever had your employment or volunteer service terminated for reasons relating to allegations of **sexual misconduct or child abuse** by you?

Please circle one:      Yes      No

4. Have you ever been subject to any disciplinary action for reasons relating to allegations **sexual misconduct or child abuse** by you?

Please circle one:      Yes      No

If your answer to any of the foregoing questions is yes, please explain. Please include in your explanation the date, nature, and place of the occurrence(s) or allegation(s); and the disposition of the matter(s). In addition, please identify your employer and supervisor at the time of any such occurrence(s) or allegation(s) by name, address, and telephone number.

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IX. **CATHOLIC ORGANIZATION** Please complete all sections that apply to you.

**VOLUNTEERS** Are you a volunteer, or going to be one, working with children in a Catholic organization in Virginia?  
Please circle one:      Yes      No

- For what parish or diocesan organization? \_\_\_\_\_  
Is this the (please circle):      School      Day-Care Center      Parish      Other: \_\_\_\_\_
- What best describes what you do for the Church? (please circle):  
CCD/Religious Education      Coach      Day-Care      Parish Nursery      Scouts      Youth  
Children's Liturgy      Other: \_\_\_\_\_

**APPLICANTS** Are you seeking employment in a Catholic organization in Virginia?  
Please circle one:      Yes      No

- For what parish or diocesan organization? \_\_\_\_\_  
Is this the (please circle):      School      Day-Care Center      Parish      Other: \_\_\_\_\_

**EMPLOYEES** Are you currently an employee of a Catholic organization in Virginia?  
Please circle one:      Yes      No

- For what parish or diocesan organization? \_\_\_\_\_  
Is this the (please circle):      School      Day-Care Center      Parish      Other: \_\_\_\_\_

X. **CERTIFICATION** The information I have provided on this questionnaire is accurate to the best of my knowledge and may be verified by the Catholic Diocese of Arlington. I agree *upon request* to execute any releases and/or other documents necessary to permit the release of records of prior employment, judicial records, law enforcement records and any information pertinent to matters addressed in this questionnaire to the Catholic Diocese of Arlington.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

PLEASE DO NOT WRITE BELOW THIS LINE: FOR CDA OFFICE USE ONLY

Ack \_\_\_\_\_ Appl \_\_\_\_\_ IRD \_\_\_\_\_

Ques AQA \_\_\_\_\_

Par Code \_\_\_\_\_