

Archdiocese of Dubuque Questionnaire for Volunteers

Throughout the year we will request the assistance of volunteers for school/parish sponsored activities. For the safety and well-being of your children we are requiring this form be completed by all volunteers, chaperones and drivers. We certainly appreciate your assistance and understanding.

This form must be completed by all volunteers, group leaders, chaperones, and drivers.

Name: _____
Last First Middle

Address: _____
Street

_____ City State Zip

Telephone: _____
Home Business

Sexual misconduct by personnel (including officers, employees, lay volunteers, clerics, and religious personnel) of the Archdiocese of Dubuque while performing the work of the Archdiocese of Dubuque is contrary to Christian principles and is outside the scope of the duties and employment of all personnel.

Therefore, all personnel who are involved in off-site/field trips must answer the following questions:

Has a civil or criminal complaint ever been filed against you alleging drug, alcohol, physical or sexual abuse or misconduct?

Yes _____ No _____

If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.)

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of drug, alcohol, physical or sexual abuse or misconduct?

Yes _____ No _____

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the dispositions of the allegations, and your employer at the time (including your employer's name, address, and telephone number.)

Have you ever received any medical treatment, physical or psychological, for reasons involving drug, alcohol, physical or sexual abuse or misconduct?

Yes _____ No _____

If yes, give a short description of the treatment, including date(s), nature, and location(s), identifying the treating physician with name, address, and telephone number.

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 Archdiocese of Dubuque and _____

Parish/School

Print name _____

Signature _____

Date _____