

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

| Street Number/P.O. Box | Street Name | City | State | Zip Code | County |
|------------------------|-------------|------|-------|----------|--------|
| Street Number/P.O. Box | Street Name | City | State | Zip Code | County |
| Street Number/P.O. Box | Street Name | City | State | Zip Code | County |
| Street Number/P.O. Box | Street Name | City | State | Zip Code | County |

Minnesota employees – Please check here to have a copy of your Investigative Report mailed to you.

CHURCH ACTIVITY
Appendix D (p. 2 of 2)

Name of church of which you are a member: _____

List (name and address) other churches you have attended regularly during the past five years.

List all previous church work involving youth (identify church and type of work) or any other youth work.

List any gifts, callings, training, education or other factors that have prepared you for children/youth work.

PERSONAL REFERENCES
(not former employers or relatives)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children/youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the policies of the Roman Catholic Diocese of Knoxville, and to refrain from conduct which is contrary to Catholic moral teaching in the performance of my services on behalf of the church.

Applicant's signature _____

Date: _____

Witness _____

Date: _____

APPENDIX E
CONFIDENTIAL

DIOCESE OF KNOXVILLE
Record of Contact with a Reference or Church
Identified by an Applicant for Youth or Children's Work

1. Name of Applicant _____
2. Reference or church contacted (if a church, identify both the church and person/minister contacted) _____

3. Date and time of contact _____
4. Person contacting the reference or church _____
5. Method of contact (e.g., telephone, letter, personal conversation) _____

6. Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's fitness and suitability for youth or children's work) _____

SIGNATURE

PRINTED NAME

DATE: _____

APPENDIX F

DIOCESE OF KNOXVILLE
Applicant's Certification

As an applicant to become an employee or volunteer with the Diocese of Knoxville, I hereby attest and certify that I have never been accused of, convicted of, or plead guilty to: sexual abuse, molestation, fondling or carnal knowledge of a child under the age of 18, gross sexual imposition, voyeurism, public indecency, rape or attempted rape, or any existing or former offense of any municipal corporation, the State of Tennessee, or any other State of the United States that is substantially equivalent to any of the above offenses or involves criminal sexual activity of any nature. (If you have been accused of, convicted of or plead guilty to any of the above offenses and wish to explain the circumstances thereof, please do so on a separate sheet). I further certify that I have never been discharged from employment or a volunteer position because of any activity above described.

I hereby authorize any present or former employer or person, firm, corporation, physician or government agency to answer all questions and to release or provide any information within their knowledge or records dealing with the above named areas of conduct, and I agree to hold any and all of them harmless and free of any liability for releasing any information that is within their knowledge and records. I authorize the Diocese of Knoxville to conduct a check of my police and criminal records in accordance with the law of Tennessee.

I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal if I am already employed.

I further agree to notify the Diocese of Knoxville, if I become employed or appointed, of any sexual misconduct I am charged with or convicted of in the future.

PRINTED NAME

APPLICANT SIGNATURE

DATE _____

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Knowingly pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Intentionally humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

Volunteer's Printed Name

Volunteer's Signature

Date

APPENDIX H

DIOCESE OF KNOXVILLE
Employee Certification of Review

I, _____, SSN: _____ acknowledge that, as personnel or a volunteer officially representing the Diocese of Knoxville, I have read the STATEMENT OF POLICY AND PROCEDURE of the Diocese of Knoxville relating to sexual misconduct and am familiar with its content, obligations and consequences. In particular I understand the reporting requirements contained in the STATEMENT OF POLICY. Furthermore, I have read the Diocese of Knoxville CODE OF PASTORAL CONDUCT and agree to follow it while in the employment or service of the Diocese of Knoxville.

This the _____ day of _____, 20_____.

SIGNATURE

PRINTED NAME

Name of Church Institution (e.g., parish, school, etc)