I, the undersigned, do hereby authorize the **Diocese of Knoxville**, by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a consumer report on me.

I further agree and understand that if the position to which I have applied is Business Manager, Bookkeeper, or another position involving the handling of money, that the consumer report may include my credit standing and/or credit capacity, and that if the position to which I have applied involves driving or transporting others, that the consumer report may include a motor vehicle accident and/or citation report.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Diocese of Knoxville, by and through MYB, including any courthouse, and public agency, and any and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, *including alcohol and controlled substance information from previous employers*.

I release MYB to sell or provide information to the **Diocese of Knoxville**. I understand that the foregoing prelease pertains only to providing a consumer report to the **Diocese of Knoxville**, and that this information will not be sold, provided, or brokered in any other way.

PRINTED NAME:				
First	Middle	Last		
SIGNATURE:		DATE:		
COMPLETE RESIDENCE AD	DRESS:	TARRY LEGISLATION		
	Street Number/P.O. Box	Street Name		
City	State	Zip Code	County	
SOCIAL SECURITY NUMBER	R:			v
DAYTIME TELEPHONE NUI	MBER:			
EMAIL ADDRESS:				
DRIVER'S LICENSE NUMBE	R:	STAT	E ISSUED:	
DATE OF BIRTH*:	The state of the s	GENDER*:		

Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth.

^{*} This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

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.

20.1 POLICY AND PROCEDURES RELATING TO THE SEXUAL MISCONDUCT FOR THE DIOCESE OF KNOXVILLE JULY 1, 2017

APPENDIX D (p. 1 of 2) CONFIDENTIAL

DIOCESE OF KNOXVILLE APPLICATION FOR CHILDREN/YOUTH WORK

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors, or any work or ministry in proximity to minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

PERSONAL

(NEGROSA)					
L	ast	First	Middle		
Present Address:					
	Number	Street	City	State	Zip
Home Phone: (_		The state of the s			
What type of chi	ldren/youth work	do you prefer?			
a renewatina da da esta de la compansión d	NAMES OF THE OWNER OWNER OF THE OWNER OWN		- II - La tankana -	artos corros corros de la constanta de la cons	OFFICE AND ADDRESS OF THE OWNER OWNE
On what date wo	uld you be availa	ble?	· · · · · · · · · · · · · · · · · · ·		
Minimum length	of commitment:				
Have you any ph	ysical handicaps	or conditions preve	nting you from pe No. If Yes, pl	erforming certa lease explain:	ain types of activities

CHURCH ACTIVITY
Appendix D (p. 2 of 2)

Name of church of which you a	re a member:
List (name and address) other ci	hurches you have attended regularly during the past five years.
List all previous church work in	volving 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:	
Telephone:	Telephone:
	APPLICANT'S STATEMENT
character and fitness for children	d in this application is correct to the best of my knowledge. I authorize any this application to give you any information they may have regarding my /youth work. I release all such references from liability for any damage that evaluations to you, and I waive any right that I may have to inspect references
Should my application be of Knoxville, and to refrain from my services on behalf of the church	accepted, I agree to be bound by the policies of the Roman Catholic Diocese conduct which is contrary to Catholic moral teaching in the performance of ch.
Applicant's signature	Date:
Witness	Date:

APPENDIX E	
<u>CONFIDENTIAL</u>	=

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

Name of Applicant	
contacted)	acted (if a church, identify both the church and person/minister
Person contacting the refe	erence or church
Method of contact (e.g., t	elephone, letter, personal conversation)
Summary of conversation fitness and suitability for	(summarize the reference's or minister's remarks concerning the app youth or children's work)
Summary of conversation fitness and suitability for	(summarize the reference's or minister's remarks concerning the app youth or children's work)
Summary of conversation fitness and suitability for	(summarize the reference's or minister's remarks concerning the app youth or children's work)
Summary of conversation fitness and suitability for	(summarize the reference's or minister's remarks concerning the app youth or children's work)
Summary of conversation fitness and suitability for	(summarize the reference's or minister's remarks concerning the app youth or children's work)
Summary of conversation fitness and suitability for	(summarize the reference's or minister's remarks concerning the approperties of the concerning the concern

APPENDI	Χ	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	

APPENDIX G (p. 2 of 2)

20.1 POLICY AND PROCEDURES RELATING TO THE
SEXUAL MISCONDUCT FOR THE DIOCESE OF KNOXVILLE
JULY 1, 2017
Diocese of Knoxville
Code of Pastoral Conduct
For Priests, Deacons, Pastoral Ministers,
Administrators, Staff, and Volunteers

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

20.1 POLICY AND PROCEDURES RELATING TO THE SEXUAL MISCONDUCT FOR THE DIOCESE OF KNOXVILLE JULY 1, 2017

DIOCESE OF KNOXVILLE

APPENDIX H

Employee Certification of Review

		CONTROL OF THE CONTRO
1,	, SSN:	acknowledge
that, as personnel or a volunteer offici	ally representing the Diocese of	Knoxville, I have read the
STATEMENT OF POLICY AND PRO	CEDURE of the Diocese of Ki	noxville relating to sexua
misconduct and am familiar with its conto	ent, obligations and consequences	. In particular I understand
the reporting requirements contained in	the STATEMENT OF POLICY. Fo	urthermore, I have read the
Diocese of Knoxville CODE OF PAS	TORAL CONDUCT and agree	to follow it while in the
employment or service of the Diocese of	Knoxville.	
This theday of	, 20	<u>,</u>
	SIGNATURE	4-7-
	SIGNATURE	
	DOMESTIC NAME	
	PRINTED NAME	
		,
	Name of Church Institution (e	g., parish, school, etc)