

**DIOCESE OF LA CROSSE
CONFIDENTIAL EMPLOYEE AND VOLUNTEER QUESTIONNAIRE**

THIS FORM MUST BE COMPLETED BY ALL EMPLOYEES, VOLUNTEERS, GROUP LEADERS, CHAPERONS 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 Diocese of La Crosse while performing the work of the Diocese of La Crosse is contrary to Christian principles and is outside the scope of the duties and employment of all personnel.

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. _____

List three persons who can provide character references relating to your fitness for working with young people. These should not be family members or past or present employers.

Name: _____ Home phone: _____

Street Address: _____

City/State/Zip: _____

Name: _____ Home phone: _____

Street Address: _____

City/State/Zip: _____

Name: _____ Home phone: _____

Street Address: _____

City/State/Zip: _____

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 Diocese of La Crosse and the Parish of _____.

Print name

Signature

Date