



Diocese of Altoona-Johnstown

Office of Child and Youth Protection

2713 W Chestnut Avenue
Altoona, PA 16601

Telephone: (814) 695-5579 ext. 2621

Website: www.dioceseaj.org

Youth Protection Application

Primary Location: _____ City: _____
(Parish, School, Diocese Office/Activity)

Primary Ministry Role: _____ Other Roles: _____

Personal Information

Name: _____
Last First Middle Maiden Name/Alias

Present Address: Street: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Alternate Phone #: _____

Email: _____ Date of Birth: _____

List the name, location and dates of attendance with respect to the last two educational institutions in which you have been enrolled.

<i>Name of Institutions</i>	<i>Date/s Attended</i>	<i>Degree/Diploma</i>
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1. _____

2. _____

Previous home addresses (if any) with applicable dates. Please list at least last two.

List all previous experiences involving youth (employment/volunteer):

<i>Location/Address</i>	<i>Phone</i>	<i>Contact person</i>	<i>Type of Work</i>	<i>Dates</i>
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List any gifts, training, education or other factors that have prepared you for work with children/youth.

List your employers for the past ten years (*please use the back if needed*)

<i>Employer</i>	<i>Street Address</i>	<i>Phone</i>	<i>Contact Person</i>	<i>Dates of Employment</i>
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Please respond Yes or No to the following questions. Any yes answer requires a detailed explanation below.

Yes No

Have you ever been convicted of a felony?

Have you ever had your driver's license or a professional license revoked or suspended?

Have you been arrested/charged with driving under the influence of alcohol/other substances?

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?

Is there any fact or circumstance about you or your background that would call into questions the advisability of entrusting you with the supervision, guidance, and/or care of young people?

If you answered yes for any of the above, please explain.

Please provide three references other than relatives or present or former employers.

1. Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

3. Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

- I declare that all statements contained in this form are true and that any misrepresentation or omission is cause for discontinuation of my involvement as an employee or a volunteer.
- I authorize the Diocese of Altoona-Johnstown to conduct personal and professional reference checks as needed. I realize that the criminal record check will be conducted by the Diocese of Altoona-Johnstown or I may be asked to furnish it.
- I hereby release and agree to hold harmless from liability any person or organization that provides information to the Diocese of Altoona-Johnstown and/or the above mentioned Parish/Organization and their employees, officers and directors or any authorized representative of the same as a result of this record.
- My signature indicates that I have read and understood the above statement and am signing below of my own free will. I also understand that the Diocese of Altoona-Johnstown will conduct a background check every five years for the duration of my employment/volunteerism.

Signature of Employee/Volunteer

Date

Printed Name

Signature of Parent if under the age of 18

Date

Printed Name