



# Diocese of Altoona-Johnstown

## Office of Child and Youth Protection

2713 West Chestnut Avenue  
Altoona, PA 16601  
Phone: (814) 695-5579 ext. 2614  
www.dioceseaj.org

Please return the completed form to the attention of the Youth Protection contact at the primary site where the employee/volunteer is listed below OR directly to the Youth Protection Office:

CYP Office Coordinator: [dhanna@dioceseaj.org](mailto:dhanna@dioceseaj.org)

USPS Mail: Diocese of Altoona-Johnstown c/o Children & Youth Protection,  
2713 W Chestnut Avenue, Altoona, PA 16601

### Employee/Volunteer Ministry Reference

Please complete this form for an individual who is applying to be an employee and/or a volunteer within the Diocese of Altoona-Johnstown. This form must be completed by a person not related to the applicant.

Name of Employee/Volunteer: \_\_\_\_\_ Primary Location: \_\_\_\_\_

Is this applicant an:  Employee  Volunteer

Applicant Position(s): \_\_\_\_\_

How many years have you known this individual? \_\_\_\_\_

In what capacity do you know this individual? \_\_\_\_\_

In your words, please describe this individual's reliability and willingness to continue his/her commitment.

Please answer yes or no to the following question(s). If you answer yes to any of the question(s), please explain in detail on the reverse side of this page.

Yes

No

Are you aware of any problems that would limit the individual's ability to fulfill this obligation?

Are you aware of any problems or concerns that should limit or preclude this individual from working with children and/or youth? If yes, please explain on the back of this form.

Are you aware of any instance in which the individual's driver's license or other professional license was revoked or suspended?

Are you aware whether this individual has ever been charged or arrested for sexual misconduct with minors?

Is there any fact or circumstance about the individual's background that would call into question the advisability of entrusting the individual with the supervision, guidance, and/or care of children and young people?

Are you aware of any other information that would bear upon the appropriateness of the individual's involvement in Church activities?

Are you willing to validate this individual's appropriateness for ministry as an employee and or volunteer for the Diocese of Altoona-Johnstown? Yes  No  (If No, please explain in detail on back of this form.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Phone: \_\_\_\_\_ Email: \_\_\_\_\_