



Safe Environment FACILITATOR APPLICATION For The Diocese of Fort Worth



Thank you for volunteering your time and talents to be an integral participant in protecting children, youth and the most vulnerable by serving as a Safe Environment Facilitator in the Diocese of Fort Worth. Your completed application is important in our efforts to select facilitators who are well-suited to represent the ministry of the Church and the Diocese and helps us to get to know you. It will be reviewed carefully, and is an important component in your potential selection as a Safe Environment Facilitator. Incomplete answers on this application may result in the denial of this application.

After reviewing your application, we'll meet with you in person to get to know you and answer any questions you may have. Before attending the Safe Environment Facilitator Training, all prospective Safe Environment Facilitators of the Diocese of Fort Worth are required to register with VIRTUS®*Online*, attend a Safe Environment Awareness Session, agree in writing to abide by the Diocesan Code of Conduct & Behavior Standards for All Clergy, Religious and Lay Ministers, and then successfully complete a Criminal Background Check.

Your signature and initials in the appropriate places on this application are required prior to processing your application. Please complete all 4 pages of this application form and return it to your parish/school Safe Environment Coordinator.

I. Contact & Personal Information

Full Legal Name (printed): _____

Maiden Name (if applicable): _____

Nickname(s): _____

Street Address: _____

City, State, Zip Code: _____

Phone: Day _____ Evening _____

E-mail: _____

Date of Birth (Month/Day/Year): ____/____/____

Driver License: State _____ Number _____

Check here if you have had a criminal records check with the Diocese of Fort Worth in the past three years. Approximate date of background check: _____

II. Volunteer Experience

Please list your volunteer experiences with current and previous dioceses, parishes and church organizations, with other civic or non-profit organizations, and particularly volunteer experience with youth organizations (*use additional sheet if needed*).

Organization	Duties	Dates	Contact	Phone/Email

Cont. - Volunteer Experience

Organization	Duties	Dates	Contact	Phone/Email

III. References

Reference Name Professional/Civic/Personal <i>(not family members)</i>	Address City, State, Zip	Daytime Phone & Email	How long have you known this person?	Has this person agreed to provide a reference?

IV. Questions *(use additional pages if necessary)*

1. What parish are you currently attending and/or registered with? _____
2. Are you a Catholic in good standing? Yes No
3. If married, were you married by a priest or deacon in the Catholic Church? Yes No
4. Has any parish, school, facility, organization, or faith community terminated or refused your volunteer service? Yes No *If, yes, please explain?* _____

5. Have you ever been accused of physically, sexually, or emotionally abusing a child? Yes No
If, yes, please explain? _____

6. Have you ever had your parental rights restricted, suspended or terminated? Yes No *If, yes, please explain?* _____
7. Has a civil or criminal complaint ever been filed against you alleging physical or sexual abuse or sexual harassment? Yes No *If, yes, please explain?* _____

8. Why are you applying for the role of Safe Environment Facilitator? _____

9. What gifts, talents, previous training and/or education do you bring to the role that will enhance your ability to serve as a Safe Environment Facilitator _____

10. What do you intend to accomplish by your involvement? _____

11. Are there any time constraints that affect your ability to schedule and facilitate Safe Environment Awareness Sessions throughout the next year? Yes No *If, yes, please explain?* _____

V. Educational history

Dates (Start with most recent)	School Name & Address City, State Zip	Type of School	Name of Program/ Degree	Program Completed?
Started ___/___/___ Ended ___/___/___ ___				
Started ___/___/___ ___ Ended ___/___/___ ___				
Started ___/___/___ ___ Ended ___/___/___ ___				

VI. Employment History

Dates of Employment (Start with most recent)	Company Name & Address, City, State Zip	Immediate Supervisor Name & Phone	Position Held	Reason for Leaving
Started ___/___/___ Ended ___/___/___				

Cont. Employment History

Dates of Employment	Company Name & Address, City, State Zip	Immediate Supervisor Name & Phone	Position Held	Reason for Leaving

Started ___/___/___				
Ended ___/___/___				
Started ___/___/___				
Ended ___/___/___				

VII. In addition to English, are you fluent in any other languages? (Check all that apply)

- Spanish Vietnamese Sign Language Other
 h (specify) _____

VIII. Authorization for Background & Reference Checks

The Diocese of Fort Worth appreciates your willingness to share your faith, gifts and skills. The information gathered in this application is designed to help us assure that we are providing the highest quality programs for the people of our community. **Please read and check each box of the statements below.**

- I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my role as Facilitator.
- I hereby authorize the Diocese and/or its agent to conduct a personal and professional background check for the purposes of reviewing my application to serve as a facilitator. At this time, and until informed in writing to the contrary, I hereby authorize and direct the release to the Diocese and/or the authorized agent of the Diocese any information concerning my employment, education, criminal record, allegations of abuse or sexual harassment, and/or any other relevant information.
- I grant the Diocese permission to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my application to be a Facilitator and to investigate all statements contained in the application.
- I agree to conduct myself according to the Code of Conduct and other policies of the Diocese.
- I hereby waive any right that I may have to inspect any information provided about me by references or any representative of organizations and entities previously mentioned in this application or a personal interview.
- I understand that the Diocese has a ZERO TOLERANCE Policy for child abuse and takes all allegations of child abuse seriously. I further understand that the Diocese cooperates fully with the authorities to investigate all cases of alleged child abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- I understand that I can withdraw from the application process at any time.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may result in denial of this Facilitator application and that refusal to inform the Diocese of the contents of a sealed criminal record will result in the automatic denial of the application.
- My signature indicates that I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature: _____

Date: ___/___/___

Printed Name: _____