

**INFORMATION REQUIRED FOR
BASIC CRIMINAL BACKGROUND CHECK**

Please type or legibly print one form per individual and mail to:

Diocese of La Crosse
Office of Catholic Schools
PO Box 4004
La Crosse, WI 54602-4004

Legal Name: _____
(please type or print) Last First Middle

Home Address: _____

City/State/Zip: _____

States of Former Residency: _____
(within the last ten years)

Gender: M / F Race: _____

Date of Birth: ____ / ____ / ____ SSN: ____ - ____ - ____

Other Names Used (maiden, alias, nickname, etc.):

Last First Middle Last First Middle

Position (check one):

____ Administrator ____ Coach ____ Daycare
____ Substitute Teacher ____ Support Staff ____ Teacher
____ Teacher's Aid ____ Volunteer ____ Other (____)

Will this individual be responsible for transporting children? Y / N

St Joseph Prescott
Parish/School City/Unified System

Mary Bray 715 262 5912
Local/School Contact Person Contact Phone Number

Diocese of La Crosse
INITIAL SAFE ENVIRONMENT QUESTIONNAIRE
FOR EMPLOYEES AND VOLUNTEERS

This Questionnaire is to be completed by all persons involved in any activity, volunteer or compensated, regarding the supervision or custody of minors. This is being used to help the Diocese of La Crosse provide a safe and secure environment for those children who participate in our programs and use our facilities.

1. Name of Church, School, or Office _____

2. Date: _____

3. Activity: Please check all categories that apply.

Employee _____

Volunteer _____

School _____

School _____

Youth Minister _____

Youth Minister _____

Director of Religious Education _____

Religious Education _____

Non-School Parish _____

Other Church _____

Diocesan Curia _____

4. Personal Information

A. Name (last, first, middle): _____

B. Current Address: _____

C. Home Phone (with area code): _____

D. On what date would you be available? _____

E. Social Security Number: _____

- F. Driver's License Number: _____
- G. List the name and location of all educational institutions in which you have been enrolled. _____

- H. List all other names used (maiden, former, nickname, a/k/a's) _____

- I. Previous home addresses (list last two) _____

- J. Name and address of church or parish of which you are a member _____

- K. List all previous activities involving youth (identify name, location, dates and type of work) _____

- L. List any training, education or experience that have prepared you for work with children and/or youth _____

- M. List by name, street address, telephone number and contact person for all your employers. _____

- N. Have you had any professional licenses or certifications suspended or revoked?
_____ If so, give full details: _____

- O. If the proposed activity involves driving, have you had any driver's license suspended or revoked? _____ If so, give full details: _____

- P. Have you ever been accused, arrested, charged with and/or convicted of child abuse or a crime involving actual or attempted physical abuse or sexual molestation of a minor? _____ If so, please explain: _____

- Q. Has any formal or informal charge, claim, or complaint ever been made that you engaged in inappropriate sexual behavior or physical abuse? _____ If so, give full details: _____

Have you ever been suspended and/or had any license or certificate suspended or revoked for reasons relating to allegations of physical or sexual abuse? 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 the licensing or certificate granting agency, including the name, address, and telephone number of the agency,).

Name: _____

Address: _____

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.

Print Name _____

Signature _____

Date _____