

Roman Catholic Diocese of Lexington

**All employees, volunteers, group leaders, chaperons, and drivers must complete this form.**

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 Roman Catholic Diocese of Lexington while performing the work of the Roman Catholic Diocese of Lexington is contrary to Christian principles and is outside the scope of the duties and employment of all personnel.

**Therefore, all personnel who are involved in the field trips must answer the following questions:**

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Roman Catholic Diocese of Lexington

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 Roman Catholic Diocese of Lexington and the Parish or School \_\_\_\_\_.***

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date