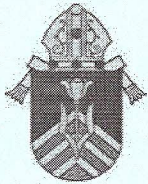
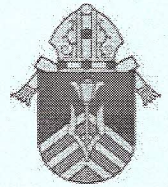


*This side to be filled out only by those who will be 18 or older at any time during their service week.*



**Diocese of Wheeling-Charleston  
Office of Safe Environment**



**Questionnaire for receipt of  
Policy Relating to Sexual Abuse of Children**

**Confidentiality Notice:** All information on this form is held in the strictest of confidence. The purpose of this information is to insure the accuracy of information pertaining to the applicant. All information must be completed on this page.

**PLEASE PRINT THE BELOW INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Mailing Address (if different from above): \_\_\_\_\_

Social Security Number -- We **cannot** process this form without your Social Security Number.

*(Please check what applies)* If you are currently employed by any Catholic Organization of the Diocese of Wheeling-Charleston, you will need to check the employee box.

- Employee Where: \_\_\_\_\_
- Volunteer Where: \_\_\_\_\_

**Has a criminal or civil complaint ever been filed against you, alleging physical or sexual abuse?**  YES  NO  
If YES, give a short explanation of the complaint. Please indicate the date, nature and place of the incident, 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 physical or sexual abuse?**  YES  NO  
If YES, give a short explanation of the allegation(s). Please indicate the date, nature and place of the allegation(s), 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 physical or sexual abuse by you?**  YES  NO  
If YES, give a short description of the treatment, including date(s), nature, and location(s), identifying the treating physician(s) by name, address, and telephone number.

The information I have provided on this side of this questionnaire is accurate to the best of my knowledge, and may be verified by the Diocese of Wheeling-Charleston. I agree to execute any release necessary to permit the release to the Diocese of Wheeling-Charleston: of prior employment, medical, judicial, and law enforcement records and information pertinent to matters addressed in this questionnaire.  
Additionally, I hereby acknowledge that I have either received a copy of the Diocese of Wheeling-Charleston Policy relating to sexual abuse of children dated *Fall 2006* or I will access a copy at [www.dwc.org/diocesan-policy.html](http://www.dwc.org/diocesan-policy.html), and that I will read the policy and conduct myself in accordance with the policy.

(signed) \_\_\_\_\_ (print name) \_\_\_\_\_

Date \_\_\_\_\_ Home Parish \_\_\_\_\_ Location \_\_\_\_\_

