



# Diocese of Altoona-Johnstown

## Office of Child and Youth Protection

927 S. Logan Boulevard  
Hollidaysburg, PA 16648-2604

Telephone: (814) 695-5579 ext. 2621

Fax: (814) 695-8894

Website: [www.dioceseaj.org](http://www.dioceseaj.org)

### Youth Protection Application

Primary Location: \_\_\_\_\_ City: \_\_\_\_\_

(Parish, School, Diocese Office/Activity)

Primary Ministry Role: \_\_\_\_\_ Other Roles: \_\_\_\_\_

#### Personal Information

Name: \_\_\_\_\_

Last

First

Middle

Maiden Name/Alias

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

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

Home Phone: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List the name, location and dates of attendance with respect to the last two educational institutions in which you have been enrolled.

*Name of Institutions*

*Date/s Attended*

*Degree/Diploma*

1. \_\_\_\_\_

2. \_\_\_\_\_

Previous home addresses (if any) with applicable dates. Please list at least last two.

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

List all previous experiences involving youth (employment/volunteer):

<i>Location/Address</i>	<i>Phone</i>	<i>Contact person</i>	<i>Type of Work</i>	<i>Dates</i>
-------------------------	--------------	-----------------------	---------------------	--------------

---

---

---

---

List any gifts, training, education or other factors that have prepared you for work with children/youth.

---

---

List your employers for the past ten years (*please use the back if needed*)

<i>Employer</i>	<i>Street Address</i>	<i>Phone</i>	<i>Contact Person</i>	<i>Dates of Employment</i>
-----------------	-----------------------	--------------	-----------------------	----------------------------

---

---

---

Please respond Yes or No to the following questions. Any yes answer requires a detailed explanation below.

- Yes No    Have you ever been convicted of a felony?
- Yes No    Have you ever had your driver's license or a professional license revoked or suspended?
- Yes No    Have you been arrested/charged with driving under the influence of alcohol/other substance?
- Yes No    Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?
- Yes No    Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of young people?

If you answered yes for any of the above, please explain. \_\_\_\_\_

---

---

Please provide three references other than relatives or present or former employers.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

- I declare that all statements contained in this form are true and that any misrepresentation or omission is cause for discontinuation of my involvement as an employee or a volunteer.
- I authorize the Diocese of Altoona-Johnstown to conduct personal and professional reference checks as needed. I realize that the criminal record check will be conducted by the Diocese of Altoona-Johnstown or I may be asked to furnish it.
- I hereby release and agree to hold harmless from liability any person or organization that provides information to the Diocese of Altoona-Johnstown and/or the above mentioned Parish/Organization and their employees, officers and directors or any authorized representative of the same as a result of this record.
- My signature indicates that I have read and understood the above statement and am signing below of my own free will. I also understand that the Diocese of Altoona-Johnstown will conduct a background check every five years for the duration of my employment/volunteerism.

\_\_\_\_\_  
Signature of Employee/Volunteer

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Parent if under the age of 18

\_\_\_\_\_  
Date

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