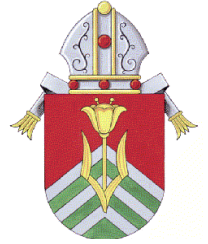


# Diocese of Wheeling-Charleston Office of Safe Environment



## 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 ensure the accuracy of information pertaining to the applicant. **All information must be completed on both sides of this form.**

### PLEASE PRINT THE BELOW INFORMATION

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

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

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

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

Home Phone: \_( ) Business Phone: \_( )

Social Security Number (last four digits only, please)

**(Please check what applies)** If you are currently employed by any Catholic Organization of the Diocese of Wheeling - Charleston or if you are applying for employment with any organization in the Diocese, please check the employee box.

Employee or  Prospective 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

**-turn page over-**

August 2019

The information I have provided on the other 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 received a copy of the Diocese of Wheeling-Charleston Policy relating to sexual abuse of children dated revised August 2019, and that I will read the policy and conduct myself in accordance with the policy.

---

Signature

---

Print Name

---

Date

---

Please list the Parish, School, or Location where you work or volunteer or the location to where you are applying to work or volunteer

---

Email Address

---

---

**Return this form to one of the following, as is most applicable:**

- The Local Level Safe Environment Coordinator at your parish, school, or facility/location where you work or volunteer or are applying to work or volunteer
- Your Safe Environment Workshop Facilitator, if you have filled this out during a live VIRTUS session.
- Office of Safe Environment  
Diocese of Wheeling-Charleston  
1311 Byron Street  
P.O. Box 230  
Wheeling, WV 26003