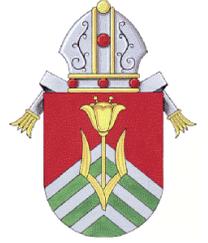


# Diocese of Wheeling-Charleston Office of Safe Environment



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

**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 \_\_\_\_\_

\_\_\_\_\_

**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 and that I will read the policy and conduct myself in accordance with the policy.**

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Signature

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Print Name

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Date

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

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Email Address

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**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