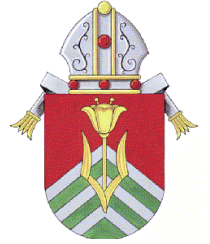


# Diocese of Wheeling-Charleston Office of Safe Environment



## 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 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 [ ][ ] - [ ][ ] - [ ][ ][ ][ ] 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 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 Summer 2014, 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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Home Parish

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Primary Source: Parish / School / Institution / Etc.

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**Return this form to:**

- Your Safe Environment Workshop Facilitator  
(to be sealed and mailed directly to Office of Safe Environment)

Or

- Rev. Mr. Doug Breiding  
Office of Safe Environment  
P.O. Box 230  
Wheeling, WV 26003-0010