



**Archdiocese of New Orleans**  
**Office of Religious Education**  
**U.S.C.C.B. Safe Environment Plan † Child Protection Catechesis**

**Questionnaire For Prospective Employees and Volunteers**  
**Who Will Have Regular Contact With Minors**

1. Has a civil or criminal complaint ever been filed against you, alleging sexual abuse, other physical abuse, or neglect of a minor by you?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.)

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2. Have you ever terminated your employment or had your employment terminated for reasons relating to allegation of sexual abuse, other physical abuse, or neglect of a minor by you?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, give a short explanation of the allegations, (Please indicate the date and the place of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address, and telephone number.

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3. Have you ever been arrested or convicted of any crime arising from sexual abuse, other physical abuse, or neglect of a minor, or any other felony?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, give a short explanation of the allegations of the crime.

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4. Have you ever received any medical treatment, physical or psychological, for reasons involving sexual abuse, other physical abuse, or neglect of a minor?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, give a short description of the treatment, including date(s), nature, and location(s), identifying the treating physician's name, address, and telephone number.

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I hereby attest that this statement is accurate to the best of my knowledge, and may be verified by the Archdiocese of New Orleans. I agree to execute any releases necessary to permit the release to the Archdiocese of New Orleans of prior employment, medical, judicial, and law enforcement records, and information pertinent to matter in this questionnaire. I promise to immediately inform my supervisor of any future circumstance or event which would be pertinent to the information I have given here.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Number \_\_\_\_\_

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

Date \_\_\_\_\_

I hereby acknowledge that on \_\_\_\_\_ I received a copy of the *Policy Concerning Abuse or Neglect of Minors* of the Archdiocese of New Orleans and the *Principles of Ethics and Integrity in Ministry: Code of Ethics* of the Archdiocese of New Orleans. I have read the above mentioned policies, understand their meaning, and agree to conduct myself in accordance with the policies.

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

Signature of Supervisor \_\_\_\_\_

Printed Name of Supervisor \_\_\_\_\_

Name of Parish/School/ Institution \_\_\_\_\_

**This form is to remain permanently in the personnel file for all employees and volunteers of the Archdiocese of New Orleans.**