

Diocese of Southwestern Virginia
Youth Ministry Questionnaire for Adult Leaders

To insure the safety of both our young people and those who serve them, the diocese asks all individuals over the age of 18 to complete this form. The confidentiality of its contents will be honored, and the form will be kept locked separately from other diocesan youth materials. Failure to complete this form in its totality will prevent your involvement with children or youth ministry both within the diocese and your parish.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parish and City/Town: _____

Previous Parish Community: _____

Address of Previous Church: _____

Social Security Number: _____

Driver's License Number: _____

Current Place of Employment: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Number of Years working at this location. _____

Previous Place of Employment: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Number of Years working at this location. _____

Reasons for leaving this place of employment: _____

Please list previous experiences you have had in working with youth, volunteer and/or paid. Include name, and phone numbers of these agencies as well as the time period you worked there.

Please list three individuals, other than family members, who can verify your character and skills in working with youth. Include phone numbers and addresses where these individuals can be reached as well as a brief statement of how they know you.

Have you had any driver's license or other license suspended or revoked? If so, give full details.

Have you ever been convicted of driving under the influence? If so, list each such conviction by date and location. _____

Have you ever been arrested, charged with or been the subject of any investigation for any form of sexual misconduct, child abuse or any other felony or misdemeanor? If so, please give full details. _____

Please write a brief statement of why you would like to work with the youth of the Diocese of Southwestern Virginia. _____

Please return the completed form to:

Beth Crow
Episcopal Diocese of Southwestern Virginia
1002 First Street SW
P.O. Box 2279
Roanoke, VA 24009