



Screening Form

The Highlands School, Irving, Texas

This application is to be completed for all applicants for any position (volunteer* or compensated). This is not an employment application. Persons seeking employment will be required to provide additional information. This process is used to help the church provide a safe and secure environment for children, youth, and young adults who participate in our program and use our facilities.

Personal Information

Name _____

Last First Middle

Address _____

City State Zip

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Emergency Contact _____ Phone (____) ____ - ____

Employer _____

Indicate what type of ministry work you prefer:

Preschool Children Youth Adult Other _____

List all other ministries you have been involved with during the last five years:

*Volunteer means any unpaid person engaged in or involved in a Diocesan activity, and who is entrusted with the care and supervision of children, and/or persons engaged or involved in ministry who have regular individual contact with the elderly or disabled.

List any skills, talents, education, training, or experience that qualifies you for the position you are seeking, including professional license or certification:

List three personal references you have known three years or more (not former employers):

1. Name _____ Email (Required) _____
Address _____
City _____ State ____ Zip _____ Phone (____) ____ - _____

2. Name _____ Email (Required) _____
Address _____
City _____ State ____ Zip _____ Phone (____) ____ - _____

3. Name _____ Email (Required) _____
Address _____
City _____ State ____ Zip _____ Phone (____) ____ - _____

List your city, state, county, and dates of residence for the past five years:

City	State	County	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Because the Diocese of Dallas cares for our children, youth and young adults and desires to protect them, we ask you to please answer the following questions. We understand the following questions are personal and we will take all reasonable precautions to protect your privacy.

Last 4 Digits of SSN _____

Driver's License Number _____ State _____

Are you presently abusing alcohol or using any illegal drugs?

Yes No

Have you ever been convicted of, pleaded guilty or no contest to, placed on probation for, given probation, given community supervision, or given deferred adjudication for a crime or are you now under charges for any criminal offense?

Yes No

Answering "Yes" to these questions will not automatically exclude you from volunteering. The following lines are for any explanations or details that you would like to include in regards to any "Yes" answers above:

SCHOOL USE ONLY			
Name _____	Not Clear	Clear	Date ___/___/___
Application Complete			Date ___/___/___
Interviewed by _____			Date ___/___/___
Reference Check by _____			Date ___/___/___
Criminal Background Check:			
Volunteer Center	Private Investigator	Internet	DPS
Other _____			
Follow Up Background Check			Date ___/___/___