

Diocese of Syracuse

Protecting God's Children® Facilitator Application

Thank you for the generous offer of your time and talents to provide the Protecting God's Children program to the people of the Diocese of Syracuse. Facilitator applicants for Protecting God's Children must complete this form, provide references, and be willing to submit to a thorough background check—including a comprehensive criminal background check—as part of the screening process. Your signature and initials in the appropriate places on the application are required prior to processing your application.

Please complete this form and return it to: **The Safe Environment Committee, Diocese of Syracuse, PO Box 511, Syracuse, NY 13201-0511 or fax to (315) 478-4619.**

Please **PRINT** your name: _____

Maiden Name (if applicable): _____

Street Address: _____

City, State, Zip Code: _____

Phone: Day _____ Evening: _____

e-mail: _____

Social Security Number

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Date of Birth (Month/Day/Year): ____/____/____

Driver License: State ____ Number _____

Check here if you have had a criminal records check with the Diocese of Syracuse in the past three years.
Approximate date of records check: _____

Volunteer experience

Please list your volunteer experiences with current and previous parishes and church organizations and with other civic or non-profit organizations. (use back if needed)

Organization	Duties	Dates	Contact	Phone

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Why are you applying to be trained as a Facilitator?

What gifts and talents do you bring to being a Protecting God's Children Facilitator?

List the previous training and education you have had that will enhance your ability to serve as a Facilitator for the Protecting God's Children program.

Why do you want to be involved in delivering this program to the Diocese? What do you intend to accomplish by your participation as a Protecting God's Children Facilitator?

Are there any time constraints that affect your ability to train parishioners throughout the next year?

What are your other community and volunteer commitments?

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PLEASE PRINT CLEARLY

Educational history

Dates (Start with most recent)	School name and address (City, State Zip)	Type of School	Name of Program or Degree	Program completed?
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

Employment history

Dates of employment (Start with most recent)	Company name and address (City, State Zip)	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

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In addition to English, do you speak any other languages?: (Check all that apply)

Spanish	ف
Polish	ف
Portuguese	ف
Khmer	ف
Mandarin Chinese	ف
Vietnamese	ف
Creole	ف
American/International Sign Language	ف

The Diocese of Syracuse appreciates your willingness to share your faith, gifts, and skills. Providing a quality program to educate the Catholic community about child abuse and preventing harm to our children and youth is a priority for us. The information gathered in this application is designed to help us assure that we are providing the highest quality programs for the people of our community.

Please read and initial each of the statements below.

- I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my involvement with the Protecting God's Children program.
- I hereby authorize the Diocese of Syracuse and/or its agent to conduct a personal and professional background check for the purposes of my application to train as a Facilitator for the Protecting God's Children program. At this time, and until informed in writing to the contrary, I hereby authorize and direct the release to the Diocese of Syracuse and/or the authorized agent of the Diocese of Syracuse any information concerning: employment, education, criminal record, allegations of abuse or sexual harassment, and/or any other relevant information. I hereby release and agree to hold harmless from liability any person or organization that provides information to the Diocese of Syracuse, and the employees, officers and directors of the Diocese of Syracuse, or any authorized representatives of the Diocese of Syracuse as a result of this application.
- I grant permission for the Diocese of Syracuse to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my application to be a Facilitator for the Protecting God's Children program.
- I understand that a thorough background check will be conducted prior to and during my service and I authorize the Diocese to investigate all statements contained in the application.
- I agree to conduct training according to the program guidelines and policies for the Protecting God's Children program as customized for the Diocese of Syracuse.

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- I hereby waive any right that I may have to inspect any information provided about me by references or any representative of organizations and entities previously mentioned in this application or a personal interview.

- I understand that the Diocese of Syracuse has a ZERO TOLERANCE for child abuse and takes all allegations of child abuse seriously. I further understand that the Diocese cooperates fully with the authorities to investigate all cases of alleged child abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

- I understand that I can withdraw from the application process at any time.

- I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform [Parish Name] of the contents of a sealed criminal record will result in the automatic denial of the application.

- My signature indicates that I have read and understood the above stated information within this release and am signing below of my own free will.

Do not sign until you have read and initialed the above statements.

Applicant Signature: _____

Date: ____/____/____

Printed Name: _____