Transporting Children and Youth in a Motor Vehicle

All people who will transport children and/or youth within the scope of a church program are to complete this form. Completed forms should be kept on file in a secure place and should be updated regularly.

Copies of the following should	d be attached to this form:
☐ Current Driver's Licer	nse
Proof of Insurance	(declarations page or ID card with current dates)
Current Vehicle regis	tration
Name:	
Home Phone:	Work Phone:
E-Mail:	
	odel:
Year:	Color:
Secondary Vehicle Make &	Model:
	Color:
2) Transport only the numbe 3) Drive only when I am not u	s, including speed limits and safety restraint requirements r of passengers that my vehicle is equipped to carry. under the influence of alcohol or other intoxicating drugs.
Signed:	
and correct. I understand and conducted with respect to me and organizations with whom I hereby release and agree to provides such information. I a	vear or affirm that the information given above is true, complete, d agree that a complete background investigation may be e, and that this information may be verified by contacting individuals a I have had contact or which may have information concerning me. to hold harmless from liability any person or organization that also agree to release and hold harmless the Diocese of El Camino ferror their officers, employees, agents,
Applicant's Signature and da	te signed:
Witness' Signature:	
Person receiving and reviewi	na this form:

## **Confidential Reference Form**

Your name has been given as a reference by who submitted an application to work as an eprograms. We would appreciate your comenclosed envelope so that we may make a dommitment. All information will be confident	employee or volunteer with one of our youth apleting this form and returning it in the ecision on the applicant's ability to fulfill this
I. How long have you known the applicant?	
2. In what capacity have you known the applicant?	
Describe the applicant's reliability and willingness to	o make a commitment such as this:
4. Are you aware of any problems that would limit the yes, please explain:	
5. Are you aware of any problems or concerns that sho with children? If yes, please explain:	
6. Would you recommend the applicant for placement Or do you feel the applicant may be more suited for ar	nother type of volunteer agency?
If so, why?	
7. Are there any additional comments that you would I	ike to make?
Signature:	Date:

Application for Child/Youth Workers

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. Please use separate sheets, if necessary.

Name:		Date:
Present Address:		
Home Phone:Mobile Phone:		hone:
Office Phone:	E-mail:	
SS No.:	Driver's License:	
1, What type of children/youth	work do you prefer?	
2. When are you available?		
3. Minimum length of commitm	ent?	
	f the educational institutions in whic	ch you have been enrolled, include degrees and
5. List other names used (maid	en, former, nickname, AKA's):	
6. Previous home addresses in	the last ten years:	
7. Name and address of the ch	urch where you are a member:_	
8. How long have you been a r	nember?	
		ly during the last five years:
10. List all previous church wor	k involving youth (identify church, lo	ocation, dates, and type of work):
	raining, education, or other factors the	hat have prepared you for work with children
11. List any gifts, experience, t and/or youth:	raining, education, or other factors the	hat have prepared you for work with children

12. List by name, street address, teleph	one number, and contact person your employers for the last 10 years:
13. Have you had a driver's or other lice	ense (e.g. professional) suspended or revoked? If so, give details:
•	d, or forfeited bail for driving under the influence?
	nild abuse or a crime involving actual or attempted sexual molestation of a
	ever been made, and sustained, that you engaged in inappropriate sexual
	pout you or your background that would call into question the advisability of ce and care of young people? If so, please explain:
18. Are any particular accommodations	necessary to enable you to perform the essential functions of the position?
	Personal References (Not former employers or relatives)
1) Name:	Phone:
Address:	
2) Name:	Phone:
Address:	
3) Name:	Phone:
Address:	
and agree that a complete background may be verified by contacting personas information concerning me. I hereby rel provides such information. I also agree (name of parish), t	rm that the information given above is true, complete and correct. I understand investigation may be conducted with respect to me, and that this information and organizations with whom I have had contact or which may have lease and agree to hold harmless from liability any person/organization that to release and hold harmless the Diocese of El Camino Real and their officers, employees, agents and volunteers from any and all liability as it em regarding the information contained in this application, or any action by
Applicant's Signature	Date signed:
Witness' Signature	Position/Title: