



# Diocese of Altoona-Johnstown

## Ministry Reference Form

**(TO BE COMPLETED BY A NON-RELATED PERSON)**

**Please mail to:**

Diocese of Altoona Johnstown  
Children & Youth Protection Advocacy Office  
933 South Logan Blvd., Hollidaysburg, PA 16648

For individuals who are employees/volunteers to be engaged in ministry within the Diocese of Altoona/Johnstown

Employee/Volunteer Name \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

In what capacity have you known this individual? \_\_\_\_\_

Describe this individual's reliability and willingness to continue his/her commitment.

\_\_\_\_\_

Answer yes or no to the following questions. **If you answer yes to any question/s, please explain in detail on the reverse side.**

- Yes  No Are you aware of any problems that would limit the individual's ability to fulfill this obligation?
- Yes  No Are you aware of any problems or concerns that should limit or preclude this individual from working with children and/or youth? If yes, please explain.
- Yes  No Are you aware of any instance in which the individual's driver's license or other professional license was revoked or suspended?
- Yes  No Are you aware whether this individual has ever been arrested or charged with driving under the influence?
- Yes  No Are you aware whether this individual has ever been charged or arrested for sexual misconduct with minors?
- Yes  No Is there any fact or circumstance about the individual's background that would call into question the advisability of entrusting the individual with the supervision, guidance, and care of children and young people?
- Yes  No Are you aware of any other information that would bear upon the appropriateness of the individual's involvement in Church activities?

Are you willing to validate this individual's appropriateness for continued ministry?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, why not?

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name