

# FIELD TRIP QUESTIONNAIRE

**THIS FORM MUST BE COMPLETED BY ALL EMPLOYEES, VOLUNTEERS, GROUP LEADERS, CHAPERONS, AND DRIVERS.**

Name: \_\_\_\_\_  
Print                      Last                                      First                                      Middle

Sexual misconduct by personnel (including officers, employees, lay volunteers, clerics, and religious personnel) of the Milwaukee Archdioceses while performing the work of the Milwaukee Archdioceses is contrary to Christian principles and is outside the scope of the duties and employment of all personnel.

Therefore, all personnel who are involved in the field trips must answer the following questions:

- 1. Has a civil or criminal complaint ever been filed against you alleging drug, alcohol, physical or sexual abuse or misconduct?**

(Circle)              YES                      NO

**If yes, give a short explanation of the complaint.** (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint)

- 2. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of drug, alcohol, physical or sexual abuse or misconduct?**

(Circle)              YES                      NO

**If yes, give a short explanation of the complaint.** (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint)

3. Have you ever received any medical treatment, physical or psychological, for reasons involving drugs, alcohol, physical or sexual abuse or misconduct?

(Circle)      YES              NO

If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint)

List three persons who can provide character references relating to your fitness for working with young people. These should not be family members or past or present employers.

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well the Milwaukee Archdiocese and St. Charles Parish.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date