

**DIOCESE OF DALLAS  
SAFE ENVIRONMENT REGISTRATION PROCEDURES  
OF NON-PARISH BASED ORGANIZATIONS**

1. The official representative of the organization or individual minister will be asked to complete an application form and provide the necessary information requested.
2. A check into references, education, credentials and professional experience of the applicant will be conducted by the appropriate office in the Diocesan Pastoral Center.
3. An interview will take place between the applicant and diocesan personnel.
4. Parishes are urged to contact the diocesan office to check if a particular organization or individual has registered as well as obtain references regarding past performance.
5. Once an organization/individual is registered a re-evaluation will be made at appropriate intervals. These intervals will be set by the diocesan office with which the organization has made application and the individual representing the group.
6. Once an organization complies with the diocesan directives, it will be up to the individual pastors to decide if the organization can utilize the parish facilities.

**Please note:** Registration implies that an organization has completed the compliance process. Being registered should **not** be considered an endorsement or recommendation by the diocese.

**06/2011**

**Diocese of Dallas  
P.O. Box 190507  
Dallas, TX 75219  
214-528-2240**

**2011 APPLICATION FORM** for registration of Diocesan Non-Parish Based /youth-serving organizations or lay individuals.

(To be completed by individual minister or official representative of the organization. Please type or print.)

Name of Organization/Individual: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Incorporated:  Yes  No                      Not for profit:  Yes  No  
(Attach appropriate documentation)

Do your organization activities or services involve children or vulnerable adults; such as babysitting, childcare, nursing homes?                       Yes  No

Insurance/Liability Coverage:  Yes  No (Attach certificate when appropriate)

How is your group funded? \_\_\_\_\_

Affiliation to national organization/movement:  Yes  No

Name of National Organization/movement: \_\_\_\_\_

I have read the 2011 NPBO Policy     Yes  No

**Mission/Goal of the Organization/Individual/Program:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OFFICERS** (if applicable)

**Name:**

**Title:**


**Trustees/Advisory Board Members** (if applicable)


Please list services/programs offered:

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### REFERENCES

Please provide the names of churches or organizations that have used your services.

Name of Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of services provided: \_\_\_\_\_

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Name of Contact Person : \_\_\_\_\_

Organization: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of services provided: \_\_\_\_\_

\*\*\*\*\*

Name of Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of services provided: \_\_\_\_\_

\*\*\*\*\*

Name of Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of services provided: \_\_\_\_\_

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**EDUCATION/CREDENTIALS**

<b>Institution</b>	<b>City/State</b>	<b>Major</b>	<b>Degree/Year</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list certification/licenses which are relevant to this ministry area.

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL/MINISTERIAL EXPERIENCE**

Job Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

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Job Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

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Job Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

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Job Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

The following information is requested in accord with diocesan policy for those who will be involved in a public way in sharing or teaching faith and/or advisor or role model for children, youth, or adults.

1. Are you committed to communicating in word or action the teachings and traditions of the Roman Catholic faith?       Yes     No

Explanation (if needed) \_\_\_\_\_  
\_\_\_\_\_

2. Is there any fact or circumstance involving you, your background or organization that would call into question your being entrusted with the supervision, guidance, and care of young people?    Yes     No    Explanation (if needed) \_\_\_\_\_  
\_\_\_\_\_

3. Have you personally ever had your services terminated at the initiation of any parish, agency or institution?       Yes     No    Explanation (if needed) \_\_\_\_\_  
\_\_\_\_\_

4. Has your organization's services ever been terminated at the initiation of any parish, agency or institution?    Yes     No    Explanation (if needed) \_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained in this application is true and complete to the best of my knowledge. I authorize the Diocese of Dallas or its agents to undertake any and all investigation it deems appropriate in connection with this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Diocese of Dallas  
2011 Safe Environment Program  
Verification Form for the Official Representative of the Organization  
Working with Children or Vulnerable Adults**

Legal Name of Organization: \_\_\_\_\_

Name of Representative \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

I certify that I have read the Safe Environment Policies and Procedures for the Catholic Diocese of Dallas (accessible at [www.cathdal.org](http://www.cathdal.org)) and that my Non-Parish Based Organization's written Safe Environment Policies and Procedures meet these minimum standards and will enforce, follow, and abide by them in all of my activities within the Diocese.

I agree to abide by the specific policies and procedures of the parishes and groups with which I will be working.

Signed \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Date \_\_\_\_\_



**Diocese of Dallas  
2011 Updates for Additional  
Apostolates or Ministries**

Below is a list of the apostolate or ministries that fall under your organization in our records. It will be the responsibility of the Official Representative of this organization to have each group fill out the enclosed forms and return applicable information to the diocese. Please make additional copies of the verification forms for each group listed and add any since last registered.

Date: \_\_\_\_\_

Legal Name of the Organization: \_\_\_\_\_

Apostolates or ministries of this organization:

- 1.
- 2.
- 3.
- 4.
- 5.