Diocese of Las Vegas
FIELD TRIP QUESTIONNAIRE

This form must be completed by all employees, volunteers, group leaders, chaperons, and drivers.

Name:_____
Last First Middle

Address:_____
Street

Address:_____
City State Zip

Telephone:_____
Home Business

Sexual misconduct by personnel (including officers, employees, lay volunteers, clerics, and religious personnel) of the Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole, while performing the work of the Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole, 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:

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

_____

_____

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of drug, alcohol, physical or sexual abuse misconduct? Yes:_____ No:_____

If yes, give a short explanation of the allegations. (Please indicate the date, nature, and place of the allegations, the dispositions of the allegations, and your employer at the time. Include your employer's name, address, and telephone number.)

_____

_____

Have you ever received any medical treatment, physical or psychological, for reasons involving drug, alcohol, physical or sexual abuse misconduct?
Yes:_____ No:_____

If yes, give a short description of the treatment, including date(s), nature, and location(s), identifying the treating physician with name, address, and telephone number.

_____

_____

Multiple Activities Listing

If you are participating in more than one activity list each date and name of the activity in the space provided below.

Date	Activity

Signature:_____

Print name:_____

Date:_____