

Exhibit A

DIOCESE OF NASHVILLE  
PROFILE FORM

GENERAL INSTRUCTIONS:

Please complete requested information. If additional space is needed to complete questions, you may use a separate sheet.

SECTION 1 - PERSONAL DATA

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Maiden Name                      Social Security Number

\_\_\_\_\_  
Home Address: No., Street, City, State, Zip                      Date of Birth                      Gender                      Home Phone Number

\_\_\_\_\_  
Work Address: Co. Name, No., Street, City, State, Zip                      Work Phone Number

\_\_\_\_\_  
Driver's License Number                      State Issued                      Year, Make, and Model of Vehicle

\_\_\_\_\_  
Name of Auto Insurance Covering Vehicle                      Policy Number

\*\*\*NOTE: DRIVER'S INSURANCE IS PRIMARY IN CASE OF ACCIDENT\*\*\*

Have you ever been charged, accused, or convicted of child abuse, child neglect, or child sexual abuse?

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

Other than the above, is there any fact or circumstance involving your background that will call into question your being entrusted with the supervision, guidance, instruction, and/or care of young people?

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

If the answer to either of the above questions is "yes," please explain, providing details below.

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

Has an entity of the Diocese of Nashville ever conducted a criminal background check on you?

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

If yes, what location? \_\_\_\_\_ When? \_\_\_\_\_

**SECTION 2 – PREVIOUS EXPERIENCE**

Please list your experience working with youth in other organizations.

Organization	Address	Position Held	Contact Person and Phone Number
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Organization	Address	Position Held	Contact Person and Phone Number
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Organization	Address	Position Held	Contact Person and Phone Number
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**SECTION 3 – ADDITIONAL INFORMATION**

1. Is there a particular ministry, grade level, or religious subject that you feel qualified to teach or perform? If so, please describe below.

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2. If you would like to minister or assist in any specific program at the school or parish, please indicate below. Include why you would like to minister in this area and any prior experience you may have.

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**SECTION 4 – REFERENCES**

Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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I affirm that the information provided on this form (and the accompanying resume, if any) is true and complete to the best of my knowledge. I also understand that any falsified information or significant omissions may disqualify me from consideration in any ministry and may be considered justification for dismissal if discovered at a later date.

Date \_\_\_\_\_ Signature \_\_\_\_\_

DIOCESE OF NASHVILLE  
AUTHORIZATION TO OBTAIN INFORMATION  
AND RELEASE

I, \_\_\_\_\_ do hereby authorize representatives of  
(Print FULL name here)

\_\_\_\_\_ and the Diocese of Nashville to contact  
any previous employers and/or references, to conduct criminal history checks, social security  
verifications and driving history searches, and to release all investigative records for  
examination for the purpose of verifying the accuracy of information contained on an application  
to work for or volunteer on behalf of \_\_\_\_\_

I understand that I am entitled to a complete and accurate copy of any background report of  
which I am the subject upon my request to the Diocese.

I hereby authorize my former employers to release the requested information and to comment on  
my work record. I agree to hold my former employers and the Diocese of Nashville, its agents,  
subsidiaries, and representatives harmless concerning any liability with respect to any  
information that may be provided in response to these inquiries.

I hereby release \_\_\_\_\_, the Diocese of Nashville, its agents,  
subsidiaries, representatives, and any and all persons and entities from any and all liability with  
respect to information provided or in response to these inquiries. I understand that this  
Authorization/Release form shall remain in effect for the duration of my affiliation with the  
Diocese of Nashville and may be updated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Date

Diocese of Nashville

ACKNOWLEDGMENT

I have read the policies of the Diocese of Nashville entitled *Code of Conduct for Church Personnel, Response to Allegations of Sexual Abuse of a Minor, and Response to Allegations of Abuse of a Professional Relationship*. I understand it is my responsibility to be both familiar and compliant with the contents of these policies. Further I understand that any action on my part inconsistent with these policies may result in my removal from any ministry in the Diocese of Nashville or any of its subsidiaries including loss of employment. I acknowledge that I have completed a Profile Form and an Authorization Form for a criminal background screening through Kroll Background America. Finally, I affirm the importance of being trained about ways to make and maintain a safe environment for children and also affirm that I either have already viewed or will soon view the diocesan education presentation entitled *Protecting Our Youth – The Duty To Report Child Abuse & Neglect*.

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Printed Full Name

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Signature

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Date