

SEXUAL MISCONDUCT POLICY OF THE DIOCESE OF GRAND ISLAND

Background questionnaire concerning sexual abuse

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| 1. Have you ever been convicted of a crime of sexual abuse, sexual harassment or exploitation? | Yes _____ | No _____ |
| 2. Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, sexual harassment or exploitation? | Yes _____ | No _____ |
| 3. Have you ever terminated your employment or had your employment terminated for reasons related to allegations of civil or criminal complaints of sexual abuse, sexual harassment or exploitation against you? | Yes _____ | No _____ |
| 4. Have you ever been directed to receive any medical or psychological treatment, including counseling, involving your sexual abuse, sexual harassment or sexual exploitation of other persons? | Yes _____ | No _____ |
| 5. Did you enter into an agreement with any past employer not to divulge the true reason for termination of employment? | Yes _____ | No _____ |

If you answer yes to any of the above five questions, you will be asked to execute an authorization for information. If you have additional questions, contact the Chancellor, P. O. Box 1531, Grand Island, NE or (308) 382-6565.

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge that I have received a copy of the Sexual Misconduct Policy and the Code of Conduct of the Diocese of Grand Island, NE, and that I have read them, understand their meaning. I agree to conduct myself in accordance with the Policy and the Code of Conduct. I have personally read and completed the above background questionnaire.

Print Name

Address

Signature

Date