

SELECTION CHECKLIST INSTRUCTIONS

Purpose: This form will track the implementation of the selection process. It will become part of the diocesan or parish record of an appointment or refusal to appoint, to a high risk ministry position.

Procedure for high risk ministry positions:

The parish must keep a record of the screening procedures and supporting documents for all paid or unpaid persons appointed to high risk ministry positions. **Note that records must be kept on all applicants for high risk ministry positions for which an application is received, whether the applicant is appointed or not.**

Selection Checklist

For High Risk Ministry Positions

Ministry Position: _____
 Applicant's name: _____ o Male o Female
 Address: _____
 Home Phone: _____ Work Phone: _____
 E-mail: _____

	<u>Date Completed</u>	<u>Signature</u>
Date joined parish	_____	_____
Application Form	_____	_____
Ministry Description provided	_____	_____
Interview	_____	_____
Safe Ministry Training	_____	_____
Reference 1	_____	_____
Reference 2	_____	_____
Reference 3	_____	_____
Criminal history or statutory check/declaration	_____	_____

Date of acceptance: _____

Reason for Refusal:

o Interview o References o Criminal history or statutory check/declaration
 o Director of Professional Standards o Other:

Refusal Discussed with Incumbent/ Parish Leader: o Yes o No

Date: _____

Refusal Notified to the Director of Professional Standards: o Yes o No Date: _____

Refusal Discussed with others: o Yes o No Date: _____

If yes, print name(s) and give reason:

I acknowledge that this selection process was completed and I agree with the decision to proceed or refuse this applicant's ministry in the position stated above.

Incumbent or other Church Authority: _____ Signature: _____

Please place this completed document in a secure location for an indefinite time.