

## **St. Anthony Cathedral Basilica Men's 2017ACTS Retreat**

August 17 – 20, 2017

### **Request for Team Discernment**

St. Anthony Cathedral Basilica will be hosting a Men's ACTS Retreat on August 17-20, 2017. If you had previously attended a Men's ACTS Retreat, we invite you to volunteer your time and talents as part of the Team which will prepare and present this upcoming retreat. The regular Team meetings will be held on Tuesdays at the St. Anthony Cathedral Basilica Center from 6:00-8:00pm. All Team members must commit to participate in a minimum of 26 hours (13 meetings) of team formation meetings which includes our Commissioning Mass.

### **Meeting Dates**

**May 23, 31 (Commissioning Mass)**  
**June 6, 13, 20, 27**

**July 5, 11, 18, 25**  
**August 1, 8, 14 ..... 17-20 (Retreat)**

Request for Team Discernment Forms **MUST** be received on or before **May 3, 2017**, by either emailing the completed form to [sacbactsmen2017@gmail.com](mailto:sacbactsmen2017@gmail.com) or by dropping it off at the SACB Parish Office. You must complete **both** sides of this form before returning the form.

**Only those submitting a Request for Team Discernment Form by the due date (May 3, 2017) will be considered for discernment.** This form is to **ensure** all who are willing to serve on this Team will be given an equal opportunity. If you have any questions, please contact one of the directors below.

**Bill Gier**

Director

409-782-8221

bill.gier@sbcglobal.net

**Fred Antoine**

Co-Director

409-651-5570

frederickantoine3@gmail.com

**Regius Guillory**

Co-Director

409-670-6152

regius.guillory@arlanxeo.com

Name \_\_\_\_\_

Home Parish \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Contact Method: \_\_\_ Cell Phone \_\_\_ Home Phone \_\_\_ Work Phone \_\_\_ Email

Number of previous ACTS retreats serving as a Team Member \_\_\_\_\_

Parish and Date you attended Your ACTS Retreat

\_\_\_\_\_

Would you be willing to give a Talk? \_\_\_\_\_ If yes, what topic? \_\_\_\_\_

# BACKGROUND SCREENING QUESTIONNAIRE

Please Print

**Confidential**

NAME: \_\_\_\_\_

LAST

First

Middle

Other Names Used/ Alias/ Maiden

ADDRESS: \_\_\_\_\_

City

State

Zip

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK #: \_\_\_\_\_

DATE OF BIRTH (MM/DD/YEAR): \_\_\_\_\_ Sex: F M Race: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

State

Expires

Exact Name on Driver's License: \_\_\_\_\_ (Provide copy of Dr.Lic.)

Other STATES/COUNTRIES where resided in the past 10 years: \_\_\_\_\_

1. Have you ever been the subject of an allegation of any type of sexual abuse that was determined to be credible after an investigation? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) \_\_\_\_\_Yes \_\_\_\_\_No If yes, please provide in detail the date, the place, and an account of the circumstances of each allegation.
2. If yes, did any judicial proceeding arise out of the allegations? \_\_\_\_\_Yes \_\_\_\_\_No If yes, please identify the court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.
3. Are you under the supervision of any federal, state, or local corrections agency as a result of any allegations of sexual abuse? \_\_\_\_\_Yes \_\_\_\_\_No
4. Have you ever been convicted of or pleaded guilty/no contest to, placed on probation, given community supervision, or given deferred adjudication for a misdemeanor or felony (other than a parking violation)? \_\_\_\_\_Yes \_\_\_\_\_No If yes, please state the nature of the offense, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.

**"I certify that the responses contained in this document are true and complete to the best of my knowledge, and I understand that falsified statements on this document shall be grounds for denial of my application, termination of employment, or removal from participation in all volunteer programs."**

**"I authorize investigation of all statements in this document, including civil, criminal, and sex offender background checks, and, if deemed necessary, driving and credit checks. I also authorize future screenings for retention, reassignment, or promotion unless revoked in writing."**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parish/School/Entity to which you are applying: \_\_\_\_\_

City: \_\_\_\_\_ Position: \_\_\_\_\_

As an Employee? \_\_\_\_\_ Volunteer? \_\_\_\_\_ With Children/Youth? \_\_\_\_\_ Drive? \_\_\_\_\_

