

TO BE COMPLETED BY LOCATION

Check one box: Parish School Other

Location Name: _____ City: _____ Contact Person: _____

Telephone Number: _____ Email: _____

Parish / School ID # St. Cecilia's Church Panora Virtus date: 4/8/11

Check the category that best fits your position:
 Applicant: anticipated start date summer 2015
 Candidate for ordination (deacon/seminarian)

Check all that apply:
 Regular Contact with Children
 MINOR
If you transport individuals for parish or school events, please complete the MVR section below:
 Motor Vehicle Report (MVR):
Issuing State _____
Driver's License # _____

Priest / Deacon
 Educator (BOEE licensed)
 Employee (Chancery, School, Parish)
 Volunteer

Name: John David Smith
First Middle Last

Address: 2646 Winne Ave
Panora IA 50216 Dallas
City State Zip County

Phone Number: 515-333-2424 Email: fake.email@gmail.com

Realizing, as Church, the importance of protecting youth and other vulnerable populations, I hereby consent and authorize an investigative consumer report to be conducted if deemed appropriate by the Diocese of Des Moines, any parish, school, or related Catholic institution. Public records may be used in this report, such as civil and criminal records and driving records, as well as personal interviews, as needed. I realize this inquiry may include information regarding my character, general reputation, a criminal background check and motor vehicle report. I release the Diocese of Des Moines, any parish, school or related Catholic institution and their agents from liability associated with obtaining that inquiry.

This consumer report will be used for employment/volunteer selection purposes and may be subject to the Fair Credit Reporting Act (FCRA). I may receive a free copy of this report. Before any adverse action is taken based on this report, I will receive a copy of the report and notice of my rights under the FCRA.

Understanding of the importance of protecting children and other vulnerable persons, the undersigned acknowledges a truthful response of this information. I understand that past violations would not necessarily preclude the employment or volunteer position sought.

Date of Birth: 12/6/2003 Social Security Number: 111-11-1111
(Social security # required for background check)

Signature fake signature Date: 2/19/15

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF THE CODE OF CONDUCT SECTION 2
FOR THE PROTECTION OF CHILDREN AND YOUTH

This is to acknowledge that I have received and reviewed a copy of the "Code of Conduct for the Protection of Children and Youth" of the Diocese of Des Moines.

I understand that I am responsible for complying with the policies as stated and should refer any questions to my immediate supervisor or the Diocesan Human Resources Department (515-237-5085) for clarification. I further understand that the Diocese reserves the right to change, modify and/or revise any of the policies at any time.

Employee's/Volunteer's Signature John Smith
Employee's/Volunteer's Name John Smith
Parish/School/Agency St. Cecilia's
Date 2/19/15 Position/Description: Volunteer - counselor

Please complete page 3 →

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, Iowa 50305.

PART A: To be completed by the person requesting information.				
1.	Requester	Roman Catholic Diocese of Des Moines		
	Address	601 Grand Avenue		
	City	State IA	Zip Code 50309	Phone Number (515) 237-5083
2.	The information concerns:			
	Name (first, middle initial, last) John D. Smith			
	Maiden Name or Alias (if applicable)		Birth Date 2/6/03	Social Security Number 11-11-1111
	Address 2446 Winne Ave			
	City Panora	State IA	Zip Code 50246	County Dallas
3.	What is the purpose of your request for child abuse information? Catholic Youth Camp Counselor			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature	Sue Belger		Date
PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.				
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.				
Signature X John Smith			Date 2/19/15	
PART C: To be completed by the Central Abuse Registry or designee.				
1. <input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.				
2. <input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.				
3. <input type="checkbox"/> This request for information is denied because the form is incomplete.				
Signature			Date	
Comments				