



DIOCESE OF SPRINGFIELD IN ILLINOIS
Policy on Sexual Abuse of Minors - Certification

Training

Location: _____ **Date:** ____/____/____ **Trainer:** _____

Instructions: Complete all 6 items on this page.

1. Please **Print:** Name _____
Last First MI

2 In the boxes below list the Parish, School Agency, Office or Institution for Employment or Volunteer Position and the City where located.

	City
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3. Please check all roles that apply to you within the diocese:

Role	Description
<input type="checkbox"/> Deacon	Deacon ordained in the diocese
<input type="checkbox"/> Deaconate Program	Deacon Aspirant or Deacon Candidate
<input type="checkbox"/> Diocesan Employee	Employed at the Catholic Pastoral Center, Calvary Cemetery, Villa Maria, Catholic Charities, Catholic Children’s Home, Newman Centers
<input type="checkbox"/> Educator	Employed full-time, part-time or as a certified teacher or substitute teacher, principal or assistant principal in a catholic school in the diocese
<input type="checkbox"/> Parent	Parent of a child enrolled in an elementary, high school or parish school of religion program.
<input type="checkbox"/> Parish Employee	Employed at the parish/school (excluding teachers principals & Assistant Principals
<input type="checkbox"/> Priest	Priest incardinated in the diocese or granted the faculties of the diocese or extern priest granted the faculties of the diocese.
<input type="checkbox"/> School Staff	Employed at the school (secretary, maintenance, housekeeping, nurse, cook, counselor, etc.)
<input type="checkbox"/> Seminarian	Candidate for ordination in the diocese
<input type="checkbox"/> Volunteer	Volunteer for the parish/school, or agencies in the diocese including parish school of religion teachers, coach, teacher aid, room mother, playground supervisor, ministries of the liturgy, volunteers in any parish activities.

4. Please **initial** each of the following statements and sign and date the certification.

a. _____ I **hereby certify** that I have not been convicted of committing, attempting to commit, or conspiracy to commit, any crime, whether a felony or a misdemeanor, in the areas of juvenile prostitution or pimping, obscenity, child pornography, sexual assault, sexual abuse, child exploitation, the cannabis control act, the controlled substance act, a crime of violence, or any other crime where the victim was under the age of eighteen at the time of the offense.

b. _____ I **hereby certify** that I have not been convicted of any crime, whether of any other state, of the United States or against the laws of any other jurisdiction, which would have been punishable as one or more of the above crimes.

c. _____ I **hereby certify** and agree to notify the diocese if arrested for crimes listed above.

d. _____ I **hereby certify** that I understand the *Policy on Sexual Abuse of Minors by Church Personnel* of the Diocese of Springfield in Illinois and I agree to adhere thereto. www.dio.org/safeenvironment/policies

e. _____ I **hereby certify** that I understand the diocesan code of conduct as set forth in the Policy on *Working With Minors* and I agree to adhere thereto. www.dio.org/safeenvironment/policies

f. _____ I understand that any false statement or certification herein will be grounds for immediate termination from employment or volunteer position.

5. _____
Signature

6. ____/____/____
Date

Parish SE Coordinator check if entered in S-2Verify
Criminal History Background Search Form

For Employees and Volunteers of the Parish, Pastoral Center & Other Diocesan Institutions

INSTRUCTIONS: PLEASE PRINT ALL INFORMATION, SIGN AND DATE.

Volunteers complete items 2, 3, 4, 5, 11, & 12

Employees complete items 2, 3, 4, 5, 6, 7, 8, 9, 11, 12

For search results see item 10.

1. **School Employees** - Check this box if you are an applicant for or are employed in a position at a Catholic school in the diocese and **do not** complete this form. Employees of a school are required to complete an electronic fingerprint background search. Speak to the school principal to inquire about the fingerprint process.

2. In the box below list the Location and City of your employment or volunteer service: (Parish, Office or Institution).

Location:	City:
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3. Please Print Name _____
Last First MI

4. Report Current Address: _____
Street Address City St Zip

5. Date of Birth: ____/____/____
Month Day Year

Employees of the Parish, Pastoral Center & Other Diocesan Institutions, complete items 6, 7, 8, 9, 11 & 12.

Volunteers do not complete items 6, 7, 8, and 9 proceed to 11 & 12.

6. Social Security Number: ____/____/____

7. Maiden and/or Former Name(s): _____
First MI Last

8. Additional Name(s) _____
First MI Last

9. Additional Addresses: List all addresses of residence for the past 7 years outside of your current county of residence.

Street Address City St Zip

Street Address City St Zip

Street Address City St Zip

10. Search results are available by emailing your request to email address: SafeEnvironment@dio.org

11. _____ 12. ____/____/____
Signature Date

Send to the Office for Safe Environment for processing. FAX: 1-888-927-4141, OR MAIL: Office for Safe Environment, 1615 W. Washington, Springfield, IL 62702

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Please complete Page 1 of this form