

Authorization to Conduct Background Check Catholic Diocese of Rockford

Criminal History Information Response Process (CHIRP)

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION AND TO DISCLOSE CRIMINAL BACKGROUND INFORMATION

I hereby give my consent to the Illinois State Police to conduct a criminal background check on me from all states in which I have resided or worked and authorize the Illinois State Police representatives to disclose to _____ (name of Diocesan entity) the information obtained through such investigations.

I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

Please Print

Last Name: _____

First Name: _____

Middle Initial: _____

Other Names Used by Me: _____

Date of Birth: _____ (ex: MM/DD/YYYY)

Gender: (circle) Male Female

Race: _____
(American Indian or Alaskan Native, Asian or Pacific Islander, Black, White or Unknown)

Applicant Signature: _____

Date: _____



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am volunteering as a

_____, I will become a mandated reporter under the
(Type of volunteer duties)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my volunteer capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Volunteer

Date

CANTS 22
Rev. 8/2013

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

**NORMS FOR PROHIBITION OF SEXUAL ABUSE AND MISCONDUCT
VOLUNTEER RECEIPT ACKNOWLEDGMENT**

I, _____, acknowledge that I have received the
(Name of Volunteer)

Diocese of Rockford's Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults of the Diocese of Rockford. I agree that I will read and abide by the provisions of these norms as a volunteer of the Diocese.

Also, I acknowledge that the Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults that I have received this date replace all prior policies or regulations that I may have received from the Diocese. I agree that those former policies or regulations are no longer in force of effect.

Signature Date: _____

Volunteer Name: _____

Institution: _____

City: _____

WITNESS

Return this form to the Parish/School/Diocesan entity you identified on this form.

CATHOLIC DIOCESE OF ROCKFORD
VOLUNTEER ACKNOWLEDGEMENT

I, _____, in my capacity as a volunteer, acknowledge that I have received the Catholic Diocese of Rockford Code of Pastoral Conduct for Priests, Deacons, Pastoral Ministers, Employees, and Volunteers of the Catholic Diocese of Rockford, and agree that I have read and will abide by the provisions of this Code of Pastoral Conduct as a volunteer of the Diocese.

Volunteer's Printed Name

Volunteer's Signature

Date

Parish/Entity

City

**CODE FOR THE PASTORAL USE OF TECHNOLOGY AND SOCIAL MEDIA
RECEIPT ACKNOWLEDGMENT**

I, _____, acknowledge that I have received the
(Name)
Diocese of Rockford's Code for the Pastoral Use of Technology and Social Media. I agree that I
have read and will abide by this Code.

Signature: _____ Date: _____

Printed Name: _____

Parish/School/Diocesan Entity: _____

City: _____

Witness: _____

Return this form to the Parish/School/Diocesan entity you identified on this form.

**GUIDELINES FOR YOUTH AND THOSE WORKING WITH YOUTH
RECEIPT ACKNOWLEDGMENT**

I, _____, acknowledge that I have received the
(Name)
Diocese of Rockford's Guidelines for Youth and Those Working with Youth. I agree that I have read
and will abide by these Guidelines when working with Youth.

Signature: _____ Date: _____

Printed Name: _____

Parish/School/Diocesan Entity: _____

City: _____

Witness: _____

Return this form to the Parish/School/Diocesan entity you identified on this form.