

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: _____

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

**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 I agree that those former policies or regulations are no longer in force of effect.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

FOR OFFICE USE:

Parish/School/Diocesan facility to maintain this form at the location.

**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.

**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.