

TO BE COMPLETED BY LOCATION # 8949

Check one box: [] Parish [] School [] Other
Location Name: St. Francis of Assisi City: West Des Moines, IA Contact Person:
Telephone Number: Email:

Diocese of Des Moines Background Screening

REQUESTED BY:

Check the category that best fits your position:

- [] Applicant: anticipated start date
[] Candidate for ordination (deacon/seminarian)
[] Deacon
[] Educator (BOEE licensed)
[] Employee (Chancery, School, Parish)
[] Volunteer

Check all that apply:

- [] Regular Contact with Children
[] MINOR

Name Last First Middle

Address City State Zip County

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.

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.

Mindful 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 Social Security Number (social security # required for background check)

Signature X Date

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.

Employee's/Volunteer's Signature X

Employee's/Volunteer's Name

Parish/School/Agency

Date Position/Description:

Iowa Department of Human Services
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 who information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.				
1.	Requester Diocese of Des Moines			
	Address 601 Grand Avenue			
	City Des Moines	State Iowa	Zip 50309	Phone Number (515) 237-5085
2.	The information concerns: Name (first, middle initial, last):			
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number
3.				
4.	What is the purpose of your request for child abuse information? Applicant, Employee or Volunteer			
	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
Diocesan Representative's Signature:				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.	
Applicant, Employee or Volunteer's Signature: X	Date

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.	
DHS Representative's Signature:	Date:
Comments:	