This form must be completed annually by all persons required to do so under the Safe Environment Policy.

Account Number=T182814533
Nonprofit Organization

Acknowledgement and Consent Form for Independent Contractors

I hereby certify that I have not been convicted under the laws of Minnesota, or any other state of the United States, or the laws of any other jurisdiction, 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 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.

I hereby authorize the Diocese of Crookston, and any of its parishes, schools, agencies, or institutions, whether or not separately incorporated, to perform a background check and to share that information among themselves.

I hereby authorize the submission of my name to the Minnesota Bureau of Criminal Apprehension and/or other law enforcement agencies for the purpose of conducting a criminal background check pursuant to MN Statute 123b.03 and agree to execute any forms required by any agency for such purpose.

I hereby acknowledge that I have been notified of the Safe Environment Policy and have received a copy of the Code of Conduct of the Diocese of Crookston. I agree to conduct myself in accordance with these policies. I also acknowledge that I am fully aware of the consequences of any non-compliance.

Please Print

_____ _____ _____
First Name Middle Name Last Name

_____ _____
Social Security Number Maiden/Other Previous Names (List ALL Previous Names)

_____
Name as it appears on Social Security Card (if different from name(s) listed above)

_____ _____ _____ _____
Street Address (NOT PO Box) City State Zip Code

_____ _____ _____ _____
Phone Number Date of Birth County of Residence E-Mail Address

If you have moved within the past year, list all previous addresses for the past 12 months on the back of this form

☐ Please check this box if you would like a copy of the background check mailed to you

1. Have you ever been convicted of a crime of sexual abuse, physical abuse, sexual harassment or exploitation? ____Yes ____No
2. Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, sexual harassment or exploitation, or physical abuse? ____Yes ____No
3. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of sexual abuse or physical abuse by you, or relating to civil or criminal complaints for sexual or physical abuse against you? _____Yes _____No
4. Have you ever received any medical treatment, physical or psychological, for reasons involving your physical or sexual abuse of others? ____Yes ____No
5. Have you ever entered into any agreement with any past employer not to divulge the true reason for termination of employment? ___Yes ___No

(If you answered "yes" to questions 4 or 5, you may be asked to execute an authorization for further information.)

I understand that any false statement or certification herein will be grounds for immediate termination. The expiration of this authorization shall be for a period no longer than 1 year from the date of signature.

_____ _____
Signature Date

_____ _____
Position with Parish Name of Supervisor

Parish Name:_____ Parish City: _____

_____ _____ _____
Parish Employee Submitting Form Telephone E-Mail Address