ANNUAL ACKNOWLEDGEMENT AND CONSENT FORM & TEST FOR CLERGY, VISITING CLERGY, VOLUNTEERS, EMPLOYEES, AND INDEPENDENT CONTRACTORS

Provide all the following information (PLEASE PRINT):

First Name   Middle Name   Last Name

Maiden or Previous Name   Name as it appears on Social Security Card (if different from above)

_/__/______   _____________ - _____________ - _____________
Date of Birth   Social Security Number

Street Address

City   State   Zip Code

(____)____-____   (____)____-____
Phone Number   Cell Phone Number   Email Address

If you have moved in the last twelve (12) months, list your previous address:

Street Address

City   State   Zip Code

Position with Parish (check one):

____ Clergy

____ Employee (indicate your position/title):

____ Volunteer (indicate what you will be doing):

____ Visiting Clergy (indicate your position):

____ Independent Contractor (indicate what you will be doing):

Parish ________________________ Parish City ________________________

Parish Phone Number ________________________ Name of Supervisor: ________________________

Answer “Y” (yes) or “N” (no) for each of the following questions:

_____ Have you ever been convicted of a crime of sexual abuse, physical abuse, sexual harassment or exploitation?

_____ 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?

_____ Have you ever terminated your employment, or had your employment terminated, for reasons relating to allegations or complaints (either civil or criminal) of sexual or physical abuse?

_____ Have you ever received any medical treatment (physical or psychological) for reasons involving physical or sexual abuse of others?

_____ Have you ever entered into any agreement with any past employer not to divulge the true reason for termination of employment?

If you have answered “yes” to any of the above questions, you will be contacted to provide an explanation.
Initial in the space provided to indicate you have read and understand the following:

_____ I authorize the Diocese of Crookston and any of its parishes, schools, agencies, or institutions, whether or not separately incorporated, to perform a thorough background check.

_____ I 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 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 acknowledge that a violation of the Code of Conduct has consequences that could affect my continued employment or volunteer status in the Diocese of Crookston.

_____ I understand that any false statement will be grounds for termination.

_____ I further understand that I must sign this form myself and signing this form for another person is a violation of the Fair Credit Reporting Act. This type of violation is illegal and punishable by law with civil and criminal penalties.

If you are applying for employment, volunteer service or as an independent contractor involving work that includes contact with children under the age of 18, or if you are currently employed, volunteering or working as an independent contractor in the Diocese of Crookston, involving work that includes contact with children under the age of 18, refusal to sign this form will result in rejection of your application or removal from your current position.

Answer “Y” (yes) or “N” (no):

_____ I give the Parish Coordinator permission to copy and electronically transmit my completed Acknowledgement & Consent Form to the Safe Environment Office of the Diocese of Crookston.

Your Signature ___________________________________________________________________________ Date ___________________________________________________________________________

☐ If this form is being used to request a background check, you may check this box to receive a copy of the report. (The Diocese of Crookston orders background checks at the time of employment and once every five years thereafter. If we are not required to run a background check, we will not forward a background check to you.)

Please examine this Acknowledgement and Consent Form to ensure that you have provided all requested information and responses before submitting.

Return Completed Form with the Safe Environment Test to your Parish / School Office