

TO BE COMPLETED BY LOCATION

Check one box: Parish School Other
 Location Name: ST. ALBERT CATHOLIC City: COUNCIL BLUFFS Contact Person: Jim Koch
 Telephone Number: 712.329.9000 Email: kochj@saintalberschools.org

**Diocese of Des Moines
Background Screening**

SECTION 1

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. Public records may be used in this report, such as civil and criminal records and driving records, as well as personal interviews, as needed. I realize this inquiry may include information regarding my character, general reputation, a criminal background check and motor vehicle report. I release the Diocese of Des Moines, any parish, school, or related Catholic institution and their agents from liability associated with obtaining that inquiry.

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. Before any adverse action is taken based on this report, I will receive a copy of the report and notice of my rights under the FCRA.

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
FOR THE PROTECTION OF CHILDREN AND YOUTH**

SECTION 2

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. I further understand that the Diocese reserves the right to change, modify and/or revise any of the policies at any time.

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:	