

**DIOCESE OF DES MOINES
Background Screening Application**

SECTION 1

TO BE COMPLETED BY LOCATION

Check one box: Parish School Other

Location Name: _____ **City:** _____ **Contact Person:** _____

Telephone Number: _____ **Email:** _____

Parish / School ID # _____

Virtus date: _____

Check the category that best fits your position:

- Applicant: anticipated start date _____
- Candidate for ordination (deacon/seminarian)

Check all that apply:

- Regular Contact with Children
- MINOR

If you transport individuals for parish or school events, please complete the MVR section below:

- Priest / Deacon
- Educator (BOEE licensed)
- Employee (Chancery, School, Parish)
- Volunteer

- Motor Vehicle Report (MVR):
Issuing State _____
Driver's License # _____

Name: _____
First Middle Last

Address: _____
City State Zip County

Phone Number: _____ **Email:** _____

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.

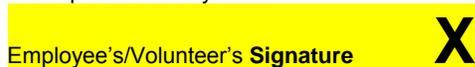
Date of Birth: _____ **Social Security Number:** _____
(Social security # required for background check)

Signature  _____ **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. 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  _____

Employee's/Volunteer's Name _____

Parish/School/Agency _____

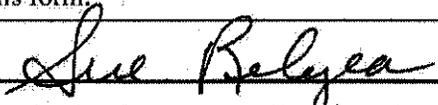
Date _____ Position/Description: _____

Please complete page 3 →

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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 whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, Iowa 50305.

| | | | | |
|--|--|-------------|-----------------------|--------------------------------|
| PART A: To be completed by the person requesting information. | | | | |
| 1. | Requester Roman Catholic Diocese of Des Moines | | | |
| | Address 601 Grand Avenue | | | |
| | City Des Moines | State IA | Zip Code 50309 | Phone Number (515) 237-5083 |
| 2. | The information concerns: | | | |
| | Name (first, middle initial, last) | | | |
| | Maiden Name or Alias (if applicable) | | Birth Date | Social Security Number |
| | Address | | | |
| | City | State | Zip Code | County |
| 3. | What is the purpose of your request for child abuse information? | | | |
| 4. | I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form. | | | |
| | 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. | | | | |
| 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. | | | |
| Signature | | | Date | |
| Comments | | | | |

LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

- ◆ Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- ◆ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.