




## Instructions for Completing Acknowledgement and Authorization Forms

### A. What: Initial Background Check

**Who: Those completing these forms for the very first time**

1. Receive and read *Policies Relating to Sexuality and Personal Behavior of the Diocese of Davenport*.
2. Complete (in its entirety) Form 1, Acknowledgment and Consent
3. Sign and date where you see this arrow  on Forms 2 and 3: Authorization for Release of Dependant Adult Abuse and Authorization for Release of Child Abuse Information


### B. What: Annual Renewal of Acknowledgement and Consent

**Who: Those who have completed this form previously, e.g., last year**

1. Complete Form 1, Acknowledgment and Consent
2. If any information in items 4-7 have changed, provide new information

### C. What: Five-year Renewal Background Check

**Who: Those who have had a previous background check**

1. Complete Form 1, Acknowledgment and Consent
2. If any information in items 4-7 have changed, provide new information
3. Sign and date where you see this arrow  on Forms 2 and 3: Authorization for Release of Dependant Adult Abuse and Authorization for Release of Child Abuse Information

## Directions for Submission of the Above Forms

### A. Initial Background Check Forms

Mail the original Initial Background Check forms and a copy of the driver's license in an envelope marked "Confidential" to Diocese of Davenport, Attn Char Maaske, 780 West Central Park Ave., Davenport, IA 52804-1901. **DO NOT SEND TO IOWA DEPARTMENT OF CRIMINAL INVESTIGATION OR IOWA DEPARTMENT OF HUMAN SERVICES.**

### B. Annual Renewal of Acknowledgment and Consent Form

- The original employee and volunteer forms are to be filed in a secured file at the parish or school with the copy of the Protecting God's Children Program training certificate.
- The Clergy form must be sent to the Vicar General at the Chancery office.
- The Principal form must be sent to the Superintendent of Schools at the Chancery office.

\*Note, do not discard previous years' forms. Keep all copies.

### C. Five-year Renewal Background Check Forms

Forms are to be submitted just as the Initial Background Check Forms (see instructions above) at least one month prior to an individual's renewal date.

**All the above forms and information can be found at:**

<http://www.davenportdiocese.org/faithform/ffsafeenvprogpg1.htm>

# Acknowledgement and Consent

# Form 1

Full Legal Name (print) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Check 1:** Volunteer  Volunteer w/Stipend  Employee  Priest  Deacon  Catholic School Teacher

**Check**  *I hereby acknowledge that I received a copy of the Policies Relating to Sexuality and Personal Behavior of the Diocese of Davenport, have read the Policies, understand their meaning, and agree to conduct myself in accordance with them.*

These Policies call for background checks (investigative consumer reports), as deemed appropriate, for some serving as employees or regular volunteers. 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 or entities noted below. 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 Davenport, any parish, school, or other 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. 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 to the questions below. I understand that past violations would not necessarily preclude the employment or volunteer position sought.

1. Have you had any convictions other than a traffic violation? Yes  No
2. Did you ever enter into an agreement with any past employer not to divulge the true reason for termination of employment? Yes  No
3. Have you ever been subject to ecclesiastical discipline? Yes  No

### Complete 4-7 if . . .

**a) This is the first time you have completed an Acknowledgement and Consent Form.**

**b) You have completed the form previously and any of the following has changed.**

4. Social Security Number (print clearly) \_\_\_\_\_

5. Please provide the following:

a) Your addresses for the past 7 years.

Current (print): \_\_\_\_\_

Past (print): \_\_\_\_\_

b) Two references who can address your work with children (include name, address & phone)

(print) \_\_\_\_\_

6. Maiden name and any other aliases (print) \_\_\_\_\_

7. **Attach a copy** of 1) your driver's license/photo id **and** 2) vehicle declaration page listing coverage.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*If applicable: I understand that if I am a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of an event.*

To be completed by parish/school/entity personnel

Signature of person representing the entity: \_\_\_\_\_ (e.g., Principal, DRE, Pastor)

Entity responsible for payment: \_\_\_\_\_ City \_\_\_\_\_

### Where forms are sent/filed

**Clergy:** Vicar General

**Principals:** Supt. of Schools

**Others:** Parish/school

### Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in 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, 1305 E Walnut Street, 5th Floor, Des Moines, IA 50319-0114 or fax to 515-242-6884.

**To be completed by the person requesting information:**

Requester Char Maaske/Diocese of Davenport			
Address 780 West Central Park Ave.			
City Davenport	State IA	Zip Code 52804-1923	Phone Number 563-324-1911

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

What is the purpose of your request for dependent adult abuse information?

To obtain any information regarding a history of dependent adult abuse.

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

Signature	Date
-----------	------

**To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:**

Signature		Date	
-----------	--	------	---

**To be completed by the Central Abuse Registry or designee:**

- The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person named above is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature	Date
-----------	------

Comments:

## Legal Provisions for the Handling of Dependent Adult Abuse

### Redissemination of Dependent Adult Abuse Information, Iowa Code 235B.8

A person, agency, or other recipient of dependent adult 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 235B.6.
- 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 235B.12

Any person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain dependent adult abuse information under false pretense.
- Willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235B.6 through 235B.8.
- Is connected with any research authorized pursuant to Iowa Code section 235B.6 and willfully falsifies dependent adult abuse information or any records relating to dependent adult 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 dependent adult abuse information except in accordance with Iowa Code sections 235B.6 and 235B.8 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.

**AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION Form 3**

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, 1305 E Walnut Street, Fifth Floor, Des Moines, Iowa 50319-0114.

<b>PART A: To be completed by the person requesting information.</b>					
1.	Requester Charlene Maaske CFO and Director of Human Resources, Diocese of Davenport				
	Address 780 West Central Park Ave.				
	City Davenport	State IA	Zip Code 52804-1901	Phone Number 563-324-1911 / fax:563-324-5842	
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? To obtain any information in the registry regarding abuse as this individual is working with children.				
	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.				
4.	Signature of Charlene Maaske			Date	

<b>PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.</b>	
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	 Date 

<b>PART C: To be completed by the Central Abuse Registry or designee.</b>	
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 disseminate this information. However, dissemination is permitted when all of the following conditions apply:

- ◆ The dissemination 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 disseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the dissemination, including the name of the recipient and the date and purpose of the dissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the dissemination.

**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.