

CATHOLIC DIOCESE OF ROCKFORD VOLUNTEER ACKNOWLEDGEMENT

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our Diocese, and/or Diocesan parishes, schools or other institutions.

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator or appropriate supervisor and the local Child Protection Services Agency. I understand that failure to report suspected abuse to civil authorities, is, according to the law, a misdemeanor.
- Cooperative fully in any investigation of abuse of children and/or youth.

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth, i.e., no fevers or other contagious situations.
- Strike, spank, shake or slap children and/or youth.
- Humiliate, ridicule, threaten or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct or the laws of the State may result in my removal as a volunteer with children and/or youth.

Volunteer's Printed Name: _____

Volunteer's Signature: _____

Date: _____

Holy Angels Parish School

The Catholic Education Office of the Diocese of Rockford requires Conviction Information Request form (Form IL493-0691—Illinois State Police Bureau of Identification) be kept on file, "...by the Parish/School for all employees and volunteers involved in Catholic schools, religious education and youth ministry programs."

"We are in no way accusing anyone of misdeeds but are requiring this form as a safeguard for everyone involved in the schools/religious education and youth's ministry programs."

In order for our office to comply with this Diocesan directive, you are asked to complete the bottom section, sign it and return it to the school office as soon as possible. You will be given a copy of your report when it is received from the Illinois State Police. All provided information would be kept confidential and only used for a Conviction Information Request of the Illinois State Police.

_____	_____	_____	
Last Name	First Name	Middle Name	
_____	_____	_____	W B A I
Maiden Name	Date of Birth	Sex	Race:
			W = white (include. Mexican & Latins B = Black A = Asian/Pacific Islander I = Indian/Alaskan Native

_____	_____
Driver's License State & Number	Social Security Number

As an employee/volunteer of Holy Angels Parish School, I hereby authorize the school to submit a Conviction Information Request of the Illinois State Police in my name with the understanding that I will receive a copy of the subsequent report furnished by the State Police

Signature: _____

Date: _____

DCFS
Illinois Department of Children & Family Services

Acknowledgement of Mandated Reporter Status

I, _____, understand that when I am employed as a
Employee/Volunteer Name (PRINT)

_____, I will become a mandated reported under the Abused
Type of Employment/Volunteer Assignment

and Neglected Child Reporting Act (325 ILCS 5/4). This means that I am required to report or cause a report to be made to the child abuse Hotline number (I-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Employee/Volunteer: _____

Date: _____

Volunteering at Holy Angels Parish School

To volunteer at Holy Angels Parish School the forms on this tab must be completed. Also to read the entire Code of Conduct you should:

1. Go to the Internet and type in “Catholic Diocese of Rockford”
2. On left side go to “Documents and Forms”
3. Go to “Code of Pastoral Conduct”
4. Read or print out “Code of Pastoral Conduct”.
5. Go to “Volunteer Acknowledgement” form.
6. Print this page and bring to Registration/Fee Day OR
7. If you are applying as a volunteer any time during the year, bring this form and the others to the office.