

Section 1

DIOCESE OF DES MOINES BACKGROUND SCREENING APPLICATION

TO BE COMPLETED BY LOCATION BY AUTHORIZING PERSONNEL								
Circle one: Parish	School	Other	Location ID #					
Location name:		_ City <u>:</u>	Contact:					
Telephone Number:		_Email:						
Cheek the estagony that	host fits:		Virtus Date:					
Check the category that best fits: ☐ Applicant anticipated start date:								
			Check all that apply:					
☐ Employee (Chance	ery, School, Parish)		□ Regular Contact with Children□ MINOR					
☐ Candidate for ordination (deacon/seminarian)								
☐ Priest/Deacon			If you transport individuals for parish or school events, please complete the MVR Section below:					
☐ Educator (BOEE	Licensed)		☐ Motor Vehicle Report (MVR)					
☐ Substitute Educate	or (BOEE Licensed)		Issuing State:					
□ Volunteer	Volunteer		Driver's License #					
Name: First		M.	Last Maiden Name					
Address:			Phone Number:					
			Email:					
City	State	7	Zip					
and/or consumer report to be institution. Public records may be needed. I realize this inquiry may be vehicle report. This consumer report will be used I may receive a free copy of this of my rights under the FCRA. Mindful of the importance of present and the records are the records and the records are the records and the records are the records	e conducted if deemed be used in this report, such any include information and the sed for employment/volusts report. Before any advantations children and others violations would not	appropriated as civil regarding anteer selectors action ther vulner necessarily	er vulnerable populations, I hereby consent and authorize an investigative te by the Diocese of Des Moines, any parish, school, or related Catholic and criminal records and driving records, as well as personal interviews, as my character, general reputation, a criminal background check and motor ction purposes and may be subject to the Fair Credit Reporting Act (FCRA) is taken based on this report, I will receive a copy of the report and notice able persons, the undersigned acknowledges a truthful response of this ly preclude the employment or volunteer position sought.					
out of Bitti.		_ <u> </u>	Social Security Number:(Social Security # required for background check)					
Signature:			Date:					



ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF THE CODE OF CONDUCT 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, Educator, or Volunteer Signature
Employee, Educator, or Volunteer Printed Name
Parish/School/Agency Name
Location ID #
Date: Position Description:



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under lowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the lowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are reque		_	• • •	w:						
☐ Child Abuse Registry ☐ Dependent Adult Abuse Registry ☐ Both										
Please specify your preferred method of response by checking a box and completing the information in Section 1.										
☐ Address ☐ Fax ☐ Email Section 1: To be completed by the person or agency requesting the information.										
		gency Name		Talanhana	Ni. wala an					
Requester: Last First SHIRLEE	S MOINES	Telephone Number (515) 237-5097								
Address 601 GRAND AVENUE	Fax Number (515) 237-5042									
City State DES MOINES IA			Zip Code 50309	Email skrouch@dmdiocese.org						
List the name and address of the person whose information is being requested:										
Name (last, first, middle)	Birth Date	Social Security Number								
Address	City		County	State	Zip Code					
List maiden name, previous married names, and any alias:										
What is the purpose of your request for child or dependent adult abuse information?										
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.										
Signature of Requestor	Date									
Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.										
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.										
Signature of Person Authorizing	Date									
Section 3: To be completed by the Central Abuse Registry or designee.										
 ☐ The person whose information is being requested is listed on the Child Abuse Registry as having abused a child. ☐ The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child. ☐ The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult. ☐ The person whose information is being requested 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 of Registry Staff or Designee	Date									
Comments										

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (lowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that 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 such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 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 Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

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

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information underfalse pretenses, or
- ♦ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ♦ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of lowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.