



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

SAFE ENVIRONMENT SCHOOL VOLUNTEER REQUIREMENTS CHECKLIST

- 1. Pennsylvania State Police Criminal Record Check (PATCH))** (Less than one year old, recheck every 5 years) – volunteers/employees please complete **PATCH** online at: [Pennsylvania Access To Criminal History - Home \(state.pa.us\)](https://www.access.crimhist.pa.gov/) please obtain directions from your Local Safe Environment Coordinator OR send your completed “Background Authorization Form” to punger@allentowndiocese.org
- 2. Pennsylvania Child Abuse History Certificate** (Recheck every 5 years). To obtain the **Pennsylvania Child Abuse History Certificate**: <https://www.compass.state.pa.us/cwis/public/home> . A free check is available every 57 months for volunteers. A free payment code is available through your Local Safe Environment Coordinator for both employees and volunteers.
- 3. Federal Bureau of Investigation Criminal “DHS” Background Fingerprint Check** (18+ years old)(less than one year old, recheck every 5 years) –payment code is available through your Local Safe Environment Coordinator. Register for the fingerprint at <https://uenroll.identogo.com> with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, make an appointment for fingerprint scanning at a nearby public site. Print email receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after fingerprinting, you will receive unofficial results in the mail. Bring the original document to the Local Safe Environment Coordinator for submission to the Diocese.
- 4. Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 5. Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 6. Signed Acknowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policies** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- 7. Protecting God’s Children attendance certificate**, only needs to be done once, please see attached directions. Print certificate of completion
- 8. Certificate from Mandated Reporting Training** (good for 5 years) Mandated Reporter Training can be done at www.reportabusepa.pitt.edu. Please see attached directions. Print certificate of completion.
- 9. Acknowledgement Form for Child Protective Services Law (CPSL) Policy.** Review the Diocese of Allentown’s Child Protective Services Law Policy (attached) and sign the acknowledgement form.
- 10. Signed Background Check Authorization Form**, attached
- 11. Motor Vehicle Report – if driving on behalf of a Diocesan location**, please fill out part “C” and “E” of the attached “Request for Driver Information Form”. Please mail original to Diocese of Allentown Safe Environment Office, PO Box F, Allentown PA 18105-1538
- 12. Nation Sex Offender Registry Check**, must be less than a year old and completed every five years.
<https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/NSOR.APPLICATION.05.02.22.pdf>

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102

For DOA Office Use Only

____/____/____	Date of PATCH
____/____/____	Date of CAH Cert
____/____/____	CAH Submission

UEID _____

Payment Code _____



Diocese of Allentown
Background Check Authorization Form
for Lay Employees & Volunteers

Personal Information – Please Print

THIS FORM MAY BE REPRODUCED

Full Name:

☐ Male

☐ Female

Last Name

First Name

Middle

Alias(es):

Last Name

First (Middle)

Race:

Date of Birth:

____/____/____
mm / dd / yyyy

S.S. Number:

For Employees Only

Current Address:

Street Address

Apartment #

City

State

ZIP Code

Phone:

Email Address:

Diocesan Location:

Site Name (ie St Joseph Church)

City (ie Summit Hill)

Location Type: ☐ Parish ☐ School ☐ Both

Diocesan Position:

☐ Employee

☐ Contractor

☐ Volunteer

☐ Rel. Sister

Function (ie Admin Asst, CYO, etc)

Have you had a previous background check
through the Diocese of Allentown?

Yes _____

No _____

Acknowledgement Signature

I hereby grant to the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature _____

Date _____

Questions regarding this form should be directed to the Human Resources Office at (610) 871-5200, ext 2201.

- ☒ Completed form must be returned to the LSEC, Pastor, Principal or Administrator who requested its completion.
- ☒ Parish/School must retain a copy of this completed form in the employee/volunteer file.
- ☒ Fair Credit Reporting Act (FCRA) Summary of Rights on reverse of form.

A Summary of Your Rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: **Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

1. **You must be told if information in your file has been used against you.** Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you – must tell you, and give you the name, address, and phone number of the agency that provided the information.
2. **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit file;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as the result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
3. **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create credit scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free from the mortgage lender.
4. **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
5. **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However a consumer reporting agency may continue to report information it has verified as accurate.
6. **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
7. **Access to your file is limited.** A consumer report agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
8. **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.consumerfinance.gov/learnmore.
9. **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers of credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
10. **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
11. **Identity theft victims and active duty military personnel have additional rights.** For more information visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For info about your federal rights, including contact information, visit <http://www.consumer.ftc.gov/sites/default/files/articles/pdf/pdf-0096-fair-credit-reporting-act.pdf>

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Avenue, N.W., Washington, DC 20580

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- ☐ Individual 18 years or older residing in the facility where child care is occurring.
- ☐ Individual working for a Regulated Child Care Provider.
- ☐ Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- ☐ Volunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Home Mailing Address: _____

Include full street address, (Apt # or PO Box if applicable),

City, State and Zip Code

E-mail Address: _____

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____

Date: _____




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OFFICE OF CATHOLIC HEALTH,
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OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the **"First-Time Registrant"** button
3. Select  **"Begin the registration process"**
4. Using the dropdown arrow select **"Allentown, PA (Diocese)"**
5. Click **"yes or no"** if you have previously registered with Virtus. Select **"No"** if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all ***items**. Do not select **"No Email,"** you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed
Please select at least one primary role you perform at this location
Please select any additional roles you perform at this location
Please enter your actual title or position of service
9. Select **"Yes"** if you are associated with any other diocesan locations, **"No"** if you are not.
10. Please answer the four questions on the next page, by selecting **"Yes"** or **"No"**
11. Please print and read the documents on the next page, **select "I have read and understand this document", fill in your name and the date, select continue.**
12. On the next page **Select "Online Training" or "Online Spanish Training,"** then click the **"Continue Button"**
13. Have you already attended a VIRTUS Protecting God's Children Session? select **"Yes" or "No"**
14. If you selected **"No"** please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on **You have 1 online module assigned**, to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator.
18. The following roles will be assigned monthly online readings on the Virtus website:

Priests	Deacons	Seminarians	Principals	K of C with Squire Programs
DRE/CRE	LSEC	Coaches	Youth Ministers	Prep/CCD Teachers
Employees	Teachers			

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN Instructions to Obtain Fingerprints for School Employees

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Employee** - **1KG6TR** for PDE Employee

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- you will be asked to create a secret question. Please create a question-answer pair that is easy to remember but not common knowledge.

Record Your Secret Question Here

- You will be asked if your mailing address is the same as your residential address, please select **NO**
When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- You also may need your secret question during your appointment.
- At the time of your appointment, you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An unofficial copy of your results will be sent to your email address, unless you don't have one. Your unofficial results are only available once, through a one-time use link. **Do NOT login with your phone** because the system doesn't allow letters pulled via mobile devices, but it does count as your single login. Only use the link provided by IdentoGo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

**DIOCESE OF ALLENTOWN POLICIES FOR CREATING AND ADMINISTERING CHURCH WEBSITES AND
SOCIAL MEDIA ACCOUNTS**

ACKNOWLEDGMENT AND CONSENT FORM

Any Church Representative creating or administering a website or Social Media account on behalf of the Diocese or any of its parishes, schools, or ministries, must read and sign the Acknowledgment Form.

By signing below, I acknowledge and agree to the following:

I have received, read, and understand the Diocese of Allentown's *Social Media and Electronic Communication Policies* and *Policies for Creating and Administering Church Websites and Social Media Accounts* (collectively, the "Policies").

I understand and agree to abide by the Policies, which may be updated from time to time.

I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry or other service.

Church-related websites or Social Media accounts shall be owned by the Diocese of Allentown or the parish, school, or ministry for which the website or Social Media account was created or used. Neither I, nor any other individual, shall have or assert any ownership rights in any such websites or Social Media accounts, regardless of the name or contact information under which the website or Social Media account was created or registered.

I understand and agree that if I assert personal ownership rights over or take steps to exclude the Diocese of Allentown from accessing any website or Social Media account created or used for or on behalf of the Diocese, the Diocese shall be entitled to injunctive relief and to recover from me all costs and expenses incurred in pursuing relief, including attorneys' fees.

I understand and agree that the Diocese shall have the authority to access all content and administrative controls of any website or Social Media account created or used for, or on behalf of, the Diocese or its parishes, schools, or ministries.

I hereby irrevocably consent to giving the Diocese full access to and control of any and all websites and Social Media accounts created or used for or on behalf of the Diocese or its parishes, schools, or ministries.

Printed Name: _____ **Date:** _____

Signature: _____

Diocesan Location: _____

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING SOCIAL MEDIA AND ELECTRONIC
COMMUNICATIONS

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

DIOCESE OF ALLENTOWN
OFFICE OF YOUTH AND YOUNG ADULT MINISTRY
DRIVER INFORMATION SHEET

Driver

Name _____ Date of Birth _____
Address _____ Home Phone _____
_____ Cell Phone _____
Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
_____ Date of Expiration _____
License Plate # _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

Insurance Company _____ Liability Limits of Policy* _____
(Please note: minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)
Policy # _____ Date of Policy Expiration _____

*** Please be aware that as the driver of this vehicle, your insurance is primary***

Driving Record

1) I certify that I have NOT had a conviction for any of the following violations in the past ten years:

Driving under the influence of alcohol or drugs
Hit and Run
Failure to report an accident
Negligent homicide
Operating a Motor Vehicle during a period of suspension or revocation
Using a Motor Vehicle for the commission of a felony
Operating a Motor Vehicle without authority (grand theft)
Permitting an unlicensed person to drive
Reckless Driving
Speed Contest (drag racing)

2) I certify that my driving record does not include a total of three accidents and/or moving violations in the past ten years.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as the driver of the above referenced vehicle 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 for a parish, school or diocesan location activity or business. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date



pennsylvania
DEPARTMENT OF TRANSPORTATION

Attention Drivers: Please remember to fill out parts C and E only!

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17108-0695

CHECK (✓) ONE ONLY:

☐ BASIC INFORMATION: \$9.00 FEE (Driver history is not included)

☐ 3 YEAR DRIVER RECORD: \$9.00 FEE

☒ 10 YEAR DRIVER RECORD: \$9.00 FEE (Employment Purposes Only)

☐ FULL HISTORY: \$9.00 FEE

☐ CERTIFIED DRIVER RECORD: \$32.00 FEE

☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$9.00 FEE

☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$32.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT's website at www.dmv.pa.gov

A REQUESTER INFORMATION

NAME/COMPANY

Diocese of Allentown

ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.)

1515 Martin Luther King Jr. Dr.

CITY

Allentown

STATE ZIP CODE

PA 18102

DAYTIME TELEPHONE NUMBER (REQUIRED)

(610) 871-6200

RELATIONSHIP TO DRIVER (REQUIRED)

Employer

SIGNATURE **X**

NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD

C DRIVER INFORMATION

NAME: LAST

FIRST

INITIAL

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH

DRIVER NUMBER

MONTH DAY YEAR

E DRIVER RELEASE

I **X** hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to

NAME OF PERSON/COMPANY

X

SIGNATURE OF DRIVER

DATE

F MICROFILM

TYPE OF DOCUMENT

DATE OF VIOLATION

(see list of available documents below)

Documents Available:

- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension/Credit Affidavits
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

MESSANGER NO.

B END USER OF INFORMATION BEING REQUESTED

NAME/COMPANY

ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence

CITY

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (REQUIRED)

RELATIONSHIP TO DRIVER (REQUIRED)

D AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: CHECK ONLY ONE

☐ B = Driver Release (Driver must complete Section E.)

☐ C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)

☐ C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)

☒ E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)

☐ R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.

☐ K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.)

☐ L = Attorney representing driver identified in Section C (Driver must complete Section E.)

I hereby Certify that

PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa.C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

X

SIGNATURE OF REQUESTER

Title

SUBSCRIBED AND SWORN

TO BEFORE ME:

MONTH

DAY

YEAR

X

SIGNATURE OF PERSON ADMINISTERING OATH

NOTARIZATION

S
E
A
L

SIGNATURE OF NOTARY

DIOCESE OF ALLENTOWN TRANSPORTATION POLICY

Commercial carrier or contracted transportation is the most desirable method to be used and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (e.g., commercial airlines, trains, or buses) no further information is required. However, if transportation is contracted, (chartered bus) signed contracts should be executed with an appropriate hold harmless agreement protecting the location and the Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).

THE DIOCESE OF ALLENTOWN PROHIBITS THE USE OF 11- 15 PASSENGER VANS FOR TRANSPORTATION OF ANY PERSON(S).

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question.

1. All drivers must be 21 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and valid and current license plates.
4. The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence.

A signed **Driver Information Sheet** on each vehicle used must be obtained prior to the trip. It is important to note that automobile insurance generally follows the vehicle. Therefore, if an individual (employee or volunteer) is using their personally owned vehicle for a trip, their personal auto insurance is **primary**.

An individual will be prohibited from driving if:

1. The ten-year driving record includes a citation for:
 - a. Driving under the influence of alcohol or drugs
 - b. Hit and run
 - c. Failure to report an accident
 - d. Negligent homicide
 - e. Operating a motor vehicle during a period of suspension or revocation
 - f. Using a motor vehicle for the commission of a felony
 - g. Operating a motor vehicle without authority (grand theft)
 - h. Permitting an unlicensed person to drive
 - i. Reckless driving
 - j. Speed Contest (drag racing)
2. Loss history includes a total of three accidents and/or moving violations in the past 5 years.

Each driver and/or chaperone should be given a copy of the approved itinerary including the route to be followed and a summary of his/her responsibilities.

Situations do arise where the availability of parish approved drivers for offsite activities is inadequate. Often, the best and only solution is to have parents/guardians responsible to take and pick up the youth member from the activity site, without coordination or input from the diocesan entity.

INSURANCE PROTECTION FOR RENTED VEHICLES

In the event that your location must rent a vehicle for parish or school purposes only, the vehicle must be rented in the name of the parish or school, with a noted authorized driver. The Diocesan self-insurance auto program will provide coverage for use of the vehicle for the specific purpose only. If the vehicle were used for any other purpose, the driver's personal auto coverage would apply. Coverage may be obtained through one of the following methods:

- 1) Provide a copy of the **Diocese of Allentown Pennsylvania Financial Responsibility Insurance ID Form**, issued for vehicles owned and registered to the parish or school
- 2) Contact Catholic Mutual Group for a certificate of insurance at least one week in advance
- 3) Purchase the coverage offered by the rental company

ACCEPTABLE VEHICLES

As noted above, **the purchasing, leasing, renting or borrowing of 11-15 passenger vans to transport ANY PERSON(S) is prohibited by the Diocese of Allentown.**

"Any person(s)" is defined as any number of passengers from one to fourteen whether children or adults of any age, excluding the driver. The only exception permitted is when an adult passenger, seated and belted in the front passenger seat, is needed in the event that the 11-15 passenger van is being used for the transportation of cargo for the loading and unloading of that cargo.

Please note - these vans may still be used to transport cargo only, with passenger seats removed.

Mini-vans, designed to transport not more than 10 total occupants may be used to transport children and adults. There are also multi-function activity buses on the market that are acceptable alternatives to the 11-15 passenger van. If a Multifunction School Activity Bus (MFSAB) is used for the transportation of children, it must meet four Federal Motor Vehicle Standards: FMVSS111; FMVSS220; FMVSS221; FMVSS222. Please contact Catholic Mutual Group if you are considering the purchase or rental of a MFSAB.



DIOCESE OF ALLENTOWN
Child Protective Services Law Policy
Acknowledgment Form

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

(Date)

(Signature of Employee/Volunteer)

(Please print name)

Location (Parish/School/Office)

City



Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work are considered mandated reporters of child abuse and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,
PLEASE CALL 911 IMMEDIATELY.
 - Please call the Child Abuse Hotline (24-hour): 1-800-932-0313
 - Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at www.compass.state.pa.us/cwis or you may fax or mail the form to the appropriate Office of Children and Youth.
 - Please call the Appropriate Office of Children and Youth Services:

Berks	610-478-6700	Bucks	215-348-6950
Carbon	570-325-3644	Luzerne	570-826-8710
Lehigh	610-782-3064	Monroe	570-420-3590
Northampton	610-829-4690	New Jersey	877-652-2873
Schuylkill	570-628-1050	Montgomery	610-278-5800
 - The Pastor (or Board of Pastors of the Regional School)
 - The Principal of the school
 - Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
 - If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.
- **Please document who you spoke to and when**

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

The Diocese of Allentown urges any questions
about the interpretation of the law be resolved in favor of reporting.

Revised 05/25/2018

#5b

DIOCESE OF ALLENTOWN
Mandated Reporting Training Policy
September 25, 2015, revised December 20, 2017

The following people are considered mandated reporters and are required by the Commonwealth of Pennsylvania to report to law enforcement authorities all cases of suspected child abuse:

- School employees (including substitute teachers);
- All clergy, priests, deacons, ministers and spiritual leaders;
- An employee of a child-care service who has direct contact with children during the course of employment;
- Independent contractors;
- An individual supervised or managed by a person listed above and who has direct contact with children in the course of employment; and
- Volunteers with child care service, school or a program, activity or service who are responsible for a child's welfare or where a volunteer has direct volunteer contact with children.

If you suspect a child is in imminent danger from abuse, PLEASE CALL 911 IMMEDIATELY

The Diocese of Allentown requires that all identified mandated reporters complete an online training course through www.reportabusepa.pltf.edu, an approved training course by the Commonwealth of Pennsylvania.

It is also required that all identified mandated reporters review the Diocese of Allentown's Child Protective Services Law Policy. This can be done by signing into CMGconnect at <https://allentown-cmgconnect.org/> to complete an online "read and sign" OR individuals may receive the policy from their local safe environment coordinator and sign an acknowledgement form.

The training requirements set forth above apply to all Diocesan, Parish, and School employees, regardless of whether the individuals have direct contact with children. The training requirements set forth above apply to all independent contractors of schools and any other organizations within the Diocese serving children. The training requirements set forth above apply to all volunteers of a child care service, school or a program, activity or service responsible for a child's welfare, or where a volunteer has direct contact with children, including, but not limited to, the following volunteer positions:

- CCD/PREP Directors, Coordinators and teachers
- CYO Coaches, assistant coaches and team chaperones
- Day Care, Pre-school and Extended care volunteers
- Coordinators of Youth Ministry and related volunteers
- Boy Scout Leaders and staff in troops chartered by a Parish
- School cafeteria volunteers
- School and teacher assistants (including parent chaperones for school activities)
- Knights of Columbus Squires Recruiters and Youth Program Leaders

Upon completion of the online course, the certificate of completion shall be printed and given to the local safe environment coordinator at each diocesan location.

If there are any individuals at your location that do not have access to a computer to complete the course, the Diocese of Allentown is hosting training sessions that individuals may attend. The Diocese's in-person training sessions are the Pennsylvania Family Support Alliance trainings approved by the Commonwealth of Pennsylvania. Please contact Sr. Meg Cole, S.S.J., Safe Environment Coordinator for the Diocese at 610-332-0442, ext. 2019 or mcole@allentowndiocese.org to determine when trainings are scheduled. The trainings are listed on the Diocese's website, www.allentowndiocese.org. Certificates of Completion are provided to attendees at the end of the trainings. The Diocese of Allentown's Child Protective Services Law Policy is handed out as part of this training and attendees will need to sign an acknowledgement form.

The Diocese will accept certificates from any of the Commonwealth of Pennsylvania's Approved Courses for Child Abuse Recognition and Reporting Training for Mandated Reporters as listed on the www.KeepKidsSafe.pa.gov website. The certificates must be less than 5 years old to accept and renewed upon expiration.

These training requirements will be required to be completed every five years, or as required by the Commonwealth of Pennsylvania.