



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

Attachment 1

DIOCESE OF ALLENTOWN 2025
SOCIAL MEDIA and ELECTRONIC COMMUNICATIONS POLICIES
ACKNOWLEDGMENT and CONSENT FORM

To be signed by all clergy, religious, employees, volunteers, aspirants, and seminarians of the Diocese of Allentown. By signing below, I acknowledge, and agree to the following:

1. I have received, read, and understand the Diocese of Allentown's "Social Media and Electronic Communications Policies" (the "Policies").
2. I agree to abide by the Policies, as they may be updated from time to time.
3. I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry, or other service.

Printed Name: _____ **Date:** _____

Signature: _____

Diocesan Location: _____

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

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