Diocese of Des Moines Background Screening

Parish/School/Othe	r: _St. Thomas Mor	re Center city: _Panora	a, IA	
Contact:	Telephone Number: _ (515) 309-1936			
		Email: _OffiCe	@stmcenter	com
Applicant Employee Volunteer				
Name	Last	First		Middle
Address	Lasi	Filst		Middle
	City	Stata	Zin	County

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 of Des Moines, any parish, school, or related Catholic institution. 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 Des Moines, any parish, school, or 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 (FCRA). 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 of this information. I understand that past violations would not necessarily preclude the employment or volunteer position sought.

	Date of Birth	
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Social Security Number

Signature	X
e.gaca.e	

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's/Volunteer's Sig	nature	X _	
Employee's/Volunteer's Nar	ne		
Parish/School/Agency			St. Thomas More Center
Date	Position:		Volunteer at Catholic Youth Camp
		1	Please complete page 2 🗲

Iowa Department of Human Services AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

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 Iaw. Complete a separate form for each person about who information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

Requester			
Diocese of Des Moines			
Address			
601 Grand Avenue			
City	State	Zip	Phone Number
Des Moines	lowa	50309	(515) 237-5085
The information concerns:	ľ	•	
Name (first, middle initial, last):	Didb Date		Capiel Caputitu Numbe
	Birth Date		Social Security Number
Name (first, middle initial, last):	Birth Date		Social Security Number
Name (first, middle initial, last):	hild abuse information	on?	Social Security Number
Name (first, middle initial, last): Maiden Name or Alias (if applicable) What is the purpose of your request for c	hild abuse information		
Name (first, middle initial, last): Maiden Name or Alias (if applicable) What is the purpose of your request for c Applicant, Employee or Volu	hild abuse information		

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

Χ

I understand that my signature authorizes the r	equester to receive information to verify w	hether I am named on
the Child Abuse Registry in a child abuse repor	t as having abused a child (Iowa Code 23	35A.15). To the best of
my knowledge, all or part of the information cor	tained in Part A of this form is correct.	
Applicant, Employee or Volunteer's Signature:	Date	

PART C: To be completed by the Central Abuse Registry or designee.				
 The person named in item A-2 is listed on the Child A The person named in item A-2 is not listed on the Child This request for information is denied because the for 	Id Abuse Registry as having abused a child.			
DHS Representative's Signature:	Date:			
Comments:				