



Archdiocese of Dubuque

New Employees / Volunteers: **KEEP THIS Page for your records**

On June 14, 2002, the United States Conference of Catholic Bishops (USCCB) approved a *Charter for the Protection of Children and Young People*, addressing the Church's commitment to deal with cases of sexual abuse of minors by church personnel, past and present and mandates that all dioceses provide safe environments for minors. The Archdiocese is audited annually to assure compliance with the Charter.

On or before you begin service, you must 1st) complete a background check, 2nd) read several policies and 3rd) complete Virtus Safe Environment training. Safe Environment training, in particular, must be completed on or before serving, but in any case within 30 days of starting and there can be no unsupervised contact with minors until training is completed.

I. Instructions for Background Check Forms:

1. Form Numbers are found at the bottom left of each form.
2. Form No. 470-3301, Authorization For Release of Child Abuse Information
 - Complete Part A: Section 2 and Sign Part B
3. Form No. 470-4531, Authorization For Release of Dependent Adult Abuse Information
 - Complete section titled, "The Information concerns:" and sign the middle signature line titled, "To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information."
4. Form No. 595-1489, State of Iowa Non-Law Enforcement Record Check Request
 - Complete the 1st and 3rd boxes, which are titled, "Request" and "Waiver".
5. Form No. AOD SE 1, Verification Form
 - Complete the 1st box
 - Give the completed forms to your Employer/Church or School Office where you will be serving.

II. The following Policies are required reading:

1. All policies can be found at www.arch.pvt.k12.ia.us. We encourage you to save God's resources by reading them online. If you do not have access to this website, your Employer/Church or School Office will provide you with printed copies.
2. Go to www.arch.pvt.k12.ia.us, click on Protection of God's Children
3. Read: Policy for Protection of Minors
4. Read: Archdiocese of Dubuque Standards of Conduct
5. Read: Archdiocese of Dubuque Sexual Misconduct Policy

III. Complete Virtus Training:

1. You can either complete training online or attend a training class.
2. Go to www.virtus.org, click on Registration, Select organization of "Dubuque, IA (Archdiocese)", Set up a user account, then select either Online Training (available in English and Spanish) or a Training Class. If Online training is selected, then complete the training and print your Certificate of Completion. Provide the certificate to your Employer/Church or School Office.

State of Iowa
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

Please complete only the 1st and 3rd boxes below.

ACCOUNT NUMBER 4044-FC


TO: Iowa Division of Criminal Investigation
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, Iowa 50319
(515) 281-4776
(515) 725-6080 (fax)

FROM: Archdiocese of Dubuque
1229 Mt. Loretta
Dubuque, IA 52001
Phone # 563-556-2580
Fax # 563-556-2872

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

Last Name <small>(mandatory)</small>	First Name <small>(mandatory)</small>	Middle Name <small>(recommended)</small>
Date of Birth <small>(mandatory)</small>	Sex <small>(mandatory)</small>	Social Security Number <small>(recommended)</small>
 Signature of Requester		

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a name and date of birth check revealed:

CCH record attached No CCH record found

DCI initials _____

WAIVER

I hereby give perm ission for the above requesting official to conduct an Iowa crim inal history record check with the Division of Crim inal Investigation. Any inf ormation maintained by the DCI may be released as allowed by law.

Signature	Date
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WAIVER:

Iowa law does ***not*** require a waiver. However, without a waiver any arrest over 18 months old, ***without*** a disposition, cannot be given to a non-law enforcement agency. Attached waivers are **not** accepted.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be given out to non-law enforcement agencies without a signed waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal working hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.

In Iowa, a ***deferred judgment*** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e., second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

If the "No CCH record found" box is checked, it could also mean that information in the file is not releasable per Iowa law without a waiver.

REMINDER – (1) Send in a separate form for each surname, (2) \$13 for each surname, \$15 fax or \$5 volunteer, (3) Attach a billing form with request(s), and (4) Submit a self-addressed envelope. Iowa law requires employers to pay the fee for potential employees' record checks.

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 law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.

1.	Requester Lynn Osterhaus, Director of Human Resources			
	Address 1229 Mt. Loretta Avenue			
	City Dubuque	State IA	Zip Code 52003	Phone Number (563) 556-2580
2.	The information concerns:			
	Name (first, middle initial, last)			
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number
	Address			
	City	State	Zip Code	County
3.	What is the purpose of your request for child abuse information? Check for child abuse.			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature Lynn Osterhaus, Director of Human Resources			Date

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

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.

Signature	Date
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PART C: To be completed by the Central Abuse Registry or designee.

1. The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2. The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3. This request for information is denied because the form is incomplete.

Signature	Date
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Comments

LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, 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 the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ 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 Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

- ◆ Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- ◆ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.

Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, 5th Floor, Des Moines, IA 50319-0114 or fax to 515-242-6884.

To be completed by the person requesting information:

Requester Lynn Osterhaus, Director of Human Resources			
Address 1229 Mt. Loretta Avenue			
City Dubuque	State IA	Zip Code 52003	Phone Number 563-556-2580

The information concerns:

Name (first, middle initial, last)			
Maiden Name or Alias (if applicable)	Birth Date	Social Security Number	
Address			
City	State	Zip Code	County

What is the purpose of your request for dependent adult abuse information?

Check for dependent adult abuse.

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

Signature Lynn Osterhaus, Director of Human Resources	Date
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To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:

Signature	Date
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To be completed by the Central Abuse Registry or designee:

- The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person named above 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	Date
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Comments:

Legal Provisions for the Handling of Dependent Adult Abuse

Redissemination of Dependent Adult Abuse Information, Iowa Code 235B.8

A person, agency, or other recipient of dependent adult abuse information shall not redisseminate this information. However, 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 the information would be redisseminated would have independent access to the same information under Iowa Code section 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 Registry within 30 days of the redissemination.

Criminal Penalties, Iowa Code 235B.12

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

- Willfully requests, obtains, or seeks to obtain dependent adult abuse information under false pretense.
- Willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235B.6 through 235B.8.
- Is connected with any research authorized pursuant to Iowa Code section 235B.6 and willfully falsifies dependent adult abuse information or any records relating to dependent adult abuse.

Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.

Any person who knowingly, but without criminal purposes, communicates, or seeks to communicate dependent adult abuse information except in accordance with Iowa Code sections 235B.6 and 235B.8 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.



Archdiocese of Dubuque

VERIFICATION FORM for New Employees and Volunteers

New Employee / Volunteer: Complete this section:

Current Address:

Street / City / State / Zip: _____ How long: _____

Previous Addresses (last 10 years):

Street / City / State / Zip: _____ How long: _____

Street / City / State / Zip: _____ How long: _____

Street / City / State / Zip: _____ How long: _____

Street / City / State / Zip: _____ How long: _____

I verify that (CHECK EACH BOX):

- I have completed the Background Check Packet, which includes this Verification Form
I will attend Virtus training on or before beginning service with the Archdiocese of Dubuque, but in any case within 30 days of starting and I will not have unsupervised contact with minors until training is completed.
I have/will read and understand the Policy for Protection of Minors
I have/will read and understand the Archdiocese of Dubuque Standards of Conduct Policy
I have/will read and understand the Archdiocese of Dubuque Sexual Misconduct Policy

Signature (required)

Print Name

Date

Archdiocesan Parish/School Office: Complete this section:

Parish/School/Institution FirstClass ID: 004 Location: St. Thomas Aquinas, Ames

Contact Person (Usually the name of the person completing this section):

Name (Print) Bobby LeBlanc

Email Address: bobby@staparish.net Phone Number: 515-292-3810

Please check the category that reflects the primary role for which the employee/volunteer listed above has been hired or volunteered for. (Check only one box):

- Priest
Deacon
Candidates for Ordination - Seminarians, candidates for seminary, and candidates for the diaconate.
Educators - School Principals, Administrators, Teachers (certified) and Counselors
Diocesan Employees - other than priests, deacons or educators
Parish / School Employees - other than Educators
Volunteer

In one or two words, what best describes this employee/volunteer's role (example: cook, bus driver, coach, teacher, catechist, etc.):

Send to Archdiocese of Dubuque HR Office, preferably by fax: 563-556-5464 or mail to: Archdiocese of Dubuque HR, 1229 Mt. Loretta, Dubuque, IA 52003. You will be invoiced for the \$15.00 cost bi-annually, April 1 or October 1st by the Finance office.