

On or before you begin service, you must complete a background check, read several policies and complete Virtus Safe Environment training, however, in any case within 30 days of starting and there can be no unsupervised contact with minors until training is completed.

I. The following Policies are required reading:

1. All policies can be found on the Archdiocese of Dubuque Website. If you do not have access to this website, your parish will provide you with printed copies.
2. Go to www.dbqarch.org/offices/protection-of-children
3. **Read:** Policy for Protection of Minors
4. **Read:** Archdiocese of Dubuque Standards of Conduct
5. **Read:** Archdiocese of Dubuque Sexual Misconduct Policy

II. Complete Virtus Training:

1. You can complete training online. 2. Go to www.virtus.org, click on Registration, Click on “Begin the Registration Process”, Select organization of “Dubuque, IA (Archdiocese)”, Create user ID and password, Select the primary location where you will work or volunteer and Complete questions as directed.

The last screen is the Training Screen: Scroll down – (it may show that there are no sessions scheduled) and choose Protecting God’s Children for Adults (Online Training). Complete the training, and **print your Certificate of Completion and provide a copy of the certificate to your parish office.** The training is a pop-up slide show. You may need to adjust your browser settings to allow pop-ups for the training site.

III. On the following 3 forms provide the information indicated by a red line.

Return the forms to the parish office.



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: 4044-C
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Archdiocese of Dubuque HR
1229 Mt. Loretta
Dubuque, IA 52003

Phone: 563-556-2580
Fax: 563-556-2872

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<p style="text-align: center;"><u>Iowa Criminal History Record Check Results</u></p> <p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p> <p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="text-align: center;">DCI initials _____</p>	<p>(DCI use only)</p>
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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 Iowa 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 Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- 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.

Requester: Last Osterhaus		First Lynn		Agency Name Archdiocese of Dubuque		Telephone Number (563) 556-2580		
Address 1229 Mt. Loretta						Fax Number (563) 556-2872		
City Dubuque			State IA	Zip Code 52003		Email DBQCHR@dbqarch.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 Lynn Osterhaus, Director of Human Resources						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
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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
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Comments



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 (for total of 8 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: _____

By signing below, I verify that:
 1. I have completed the Background Check Packet, which includes this Verification Form
 2. I will complete 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.
 3. I have/will read and understand the Policy for Protection of Minors
 4. I have/will read and understand the Archdiocese of Dubuque Standards of Conduct Policy
 5. I have/will read and understand the Archdiocese of Dubuque Sexual Misconduct Policy

 Signature (required) Print Name Date

Archdiocesan Parish/School Office to 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
 Candidate 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, by scan/email to DBQCHR@dbqarch.org or fax to 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.