



**DIOCESE OF SPRINGFIELD IN ILLINOIS**  
**Policy on Sexual Abuse of Minors**  
**Certification and Authorization Document**

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**Certification**

Please Print Name \_\_\_\_\_  
Last First MI

Please initial each statement and sign and date the certification.

\_\_\_\_\_ **I hereby certify** that I have not been convicted of committing, attempting to commit, or conspiracy to commit, any crime, whether a felony or a misdemeanor, in the areas of juvenile prostitution or pimping, obscenity, child pornography, sexual assault, sexual abuse, child exploitation, the cannabis control act, the controlled substance act, a crime of violence, or any other crime where the victim was under the age of eighteen at the time of the offense.

\_\_\_\_\_ **I hereby certify** that I have not been convicted of any crime, whether of any other state, of the United States or against the laws of any other jurisdiction, which would have been punishable as one or more of the above crimes.

\_\_\_\_\_ **I hereby certify** and agree to notify the diocese if arrested for crimes listed above.

\_\_\_\_\_ **I hereby certify** that I understand the *Policy on Sexual Abuse of Minors by Church Personnel* of the Diocese of Springfield in Illinois and I agree to adhere thereto.

\_\_\_\_\_ **I hereby certify** that I understand the diocesan code of conduct as set forth in the *Policy on Working With Minors* and I agree to adhere thereto.

\_\_\_\_\_ **I hereby certify** that I understand that any false statement or certification herein will be grounds for immediate termination from employment or volunteer position.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**Release & Authorization For Background Search – Parish Employee or Volunteer Position**  
 Diocese of Springfield in Illinois

**Name of Parish, School, Agency, Office or Institution for Employment or Volunteer position:**

(Enter name of parish, school, agency, or institution above)

City

**Check this box if you are an applicant for or are employed in a position at a Catholic School in the Diocese. (Employees of a school are required to be electronically fingerprinted. Speak to the school principal to inquire about the fingerprinting process).**

Providing safe and secure programs for our members/employees is important. The background check is designed to help us provide the highest quality Catholic programs for the people of our community. This release and authorization acknowledges the respective parish, school, agency or institution, whether or not separately incorporated, in the Diocese of Springfield in Illinois, (hereinafter referred to as "the Diocese"), may now, or at any time while you are employed conduct a thorough investigation of your entire work history and may verify all data given in your application for employment or volunteer position, related papers or oral interviews and obtain additional information relating to your background. I understand that Illinois Senate Bill 730 (1985) authorized a background check for all applicants for employment with a school district.

I hereby authorize a personal and professional background check for the purposes of my application as an employee or volunteer. The Diocese may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, education, military service verification, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during contact with the individuals for purposes of employment or volunteer services.

I hereby give complete permission to conduct a criminal background check including but not limited to criminal records, Illinois Department of Children and Family Services Child Abuse and Neglect Tracking System (CANTS), sex abuse registry, motor vehicle records, education and military service verification.

I understand that a criminal background check will be conducted prior to and during my employment or service as a volunteer. I authorize investigations of all statements contained in my application for employment or volunteer position.

**The Illinois State Uniform Conviction Information Act requires that a background check response issued from the Illinois State Police be forwarded to the individual. Please list a mailing address for the response if different than your current address listed below.**

**Street Address** **City** **State** **Zip**

**IMPORTANT: Please Take Extra Care To Make Your Entries Very Clear And Easy To Read**

<b>Full Printed Name (including First, Middle, Last)</b>		<b>Signature</b>			
		-	-	/	/
<b>Maiden and/or Former Names(s)</b>		<b>Social Security Number</b>		<b>Today's Date</b>	
		/	/	M	F
<b>Drivers License Number (List in Space Above)</b>		<b>State</b>	<b>Date of Birth</b>	<b>Sex</b>	(A)=Asian/Pacific Islander (B)=Black (I)=American Indian/Alaskan Native (W)=White ENTER RACE [ _____ ]
<b>Please list your addresses in the past 10 years (If more than 5 addresses in different counties please list on the facing sheet)</b>					
<b># of Years</b>	<b>Current Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b># of Years</b>	<b>Former Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b># of Years</b>	<b>Former Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b># of Years</b>	<b>Former Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b># of Years</b>	<b>Former Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>

**AUTHORIZATION FOR BACKGROUND CHECK**

Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (Circle): Male Female Race \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt#

\_\_\_\_\_ City State Zip Code

List all addresses at which you have resided in the past five years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

\_\_\_\_\_  
Signed Date

Please type, use bold letters or label:

**Diocese of Springfield in Illinois** (Agency Name)  
**Pat Kornfeld** (Contact Person)  
**P.O. Box 3187, 1615 W. Washington** (Address)  
**Springfield, IL 62708** (City/State/Zip)



Illinois Department of Children & Family Services