



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

Please Provide the Following Information (Please Print Clearly).

School Name _____ **City** _____

Last Name: _____ First Name: _____ 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.

_____ / ____ / _____
Applicant Signature Date

For School Use Only - State Sex Offender Registry Search

- State Sex Offender Registry checked on ____/____/____
- Applicant notified of State Sex Offender Registry Search Results ____/____/____

Individual verifying
Completion of the Search _____
Signature Title

Requestor: Office for Human Resources
Diocese of Springfield in Illinois
P.O. Box 3187
Springfield, IL 62708-3187

Phone: 217-698-8500 Ext. 155 or 151
Fax 1-888-927-4141
HR @ dio.org



This fingerprint information is being provided at the request of
and with the approval of the Diocese of Springfield in Illinois

Fingerprint Applicant Form

Adam Walsh Act

Please Provide The Following Information (Please Print Clearly).

School
Name _____ **City** _____

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Social Security #: _____ - _____ - _____

Place of Birth: (State or Country if outside USA): _____

ORI # ILL13668S Cost Center 4113

(DO NOT WRITE BELOW THIS LINE – FOR FINGERPRINT TECHNICIAN USE ONLY)

Technician Instructions: Please complete the information following. When the fingerprint process is completed please FAX this form to 888-927-4141 or email to sspears@dio.org,

ROE - F.P. Technician _____

Date Printed _____

TCN# _____

Purpose Code: AWA

TBB
Y & Y

Illinois Department of Children and Family Services

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.

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)

Signed Date



Illinois Department of Children & Family Services