

Effective 08/30/2013

Fingerprint Site:

**Adams/Pike Regional Office of Education
Adams County Court House (west side), Room 103
507 Vermont St., Quincy, IL 62301**

Please call Ginger Scott for appointment:

**217/277-2084 or
217/277-2080**

Fingerprinting Hours:

**Monday thru Friday
9:00 a.m. – 12:00 noon
2:00 p.m. – 4:00 p.m.**

Form Instructions –

1. Applicant completes all three pages
2. Pages 1 and 3 are mailed or faxed to:

Diocese of Springfield in Illinois
Office for Safe Environment
1615 W. Washington Street
Springfield, IL 62702

FAX: 888-927-4141

3. **Page 2 - Applicant takes to the fingerprint site**

Applicant Criminal History Search - **Form B** - Adams County Sheriff's Office,
Quincy, IL



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

RETURN THIS PAGE TO PERSONNEL SERVICES

CFS 689
6/01

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: (Print) _____
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, Safe Environment Office (Agency Name)
Alison Smith (Contact Person)
1615 West Washington (Address)
Springfield, IL 62702 (City/State/Zip)



Illinois Department of Children & Family Services
Effective 12/23/2013