

Instructions

Clergy Fingerprint - Madison County ROE

1. Pages 1, 2 and 3:

- Clergy - Complete pages 2, 3 and 5
- Clergy - Send pages 1 and 3 to the Office for Safe Environment
- Clergy – Call Regional Office of Education for Appointment and take page 2 to the Regional Office of Education #41 to complete the fingerprint check

Note:

- The form must be signed by the Clergy and the Director of Safe Environment in order for the diocese to be billed. If it is unsigned – Clergy must pay for it.



Clergy Fingerprinting @ Madison County ROE

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 _____

Regional Office of Education 41

Adam Walsh

Location: 157 North Main Street, Suite 438 Edwardsville, IL 62025

Phone: 618-296-4530

Location Note: You will find us in the Administration Building next to the Madison County Courthouse

Hours: Monday – Friday, 8:30 – 4:00pm

Purpose Code: AWA or AWW

District/School signature waives any fees as the district will be billed for the fingerprint fees

First Name		Last Name		Middle Initial	
Maiden Name/ Other Names Used		SSN		DOB	State of Birth
Address		City		State	Zip
Gender	Race	Eye Color	Hair Color	Height	Weight
Drivers License Number		State Issued	Phone Number		
Applicant Verification and Authorization By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.					
Signature of Applicant _____ Signature					
District Use Only Signature of District Superintendent or Designee: Adam Walsh _____ ORI: _____					
ROE Use Only TCN Number: _____ Technician Signature: _____ Date _____ Time _____ Sex Offender/ Child Murder Checked _____					

*Form effective 10/2018. No other forms will be accepted. Privacy Statement on Page 2 must be included.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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Please check box if renewal for an educator or school employee

CFS 689
Rev 7/2012

State of 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: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code) Dates
From/To

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Signed Date

Please type, use bold letters or label:

1-888-927-4141
asmith@dio.org

(Submitting Agency Fax Number)
(Submitting Email Address)

DIOCESE OF SPRINGFIELD IN ILLINOIS, SAFE ENVIRONMENT OFFICE
ALISON SMITH
1615 WEST WASHINGTON
SPRINGFIELD, IL 62702

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)