

# Authorization to Conduct Background Check Catholic Diocese of Rockford

## (CHIRP) Criminal History Information Response Process

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION AND TO DISCLOSE  
CRIMINAL BACKGROUND INFORMATION

I hereby give my consent to the Illinois State Police to conduct a criminal background check on me from all states in which I have resided or worked and authorize the Illinois State Police representatives to disclose to \_\_\_\_\_ (name of Diocesan entity) the information obtained through such investigations.

I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

*Please Print*

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

First Name: \_\_\_\_\_

Other Names Used by Me: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (ex: MM/DD/YYYY)

Address: \_\_\_\_\_  
Street City State Zip

Gender:  Male  Female

Race: \_\_\_\_\_  
(American Indian or Alaskan Native, Asian or Pacific Islander, Black, White or Unknown)

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\*  
*For Office Use Only*

Background check results were received on: \_\_\_\_\_  
(Date)

State Sex Offender Registry: \_\_\_\_\_  Clear <https://www.isp.state.il.us/sor/>  
(Date)

National Sex Offender Registry: \_\_\_\_\_  Clear <https://www.nsopw.gov/>  
(Date)

Sex Offender Registries checked by: \_\_\_\_\_

Illinois Department of  
**DCFS**  
Children & Family Services

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**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

I, \_\_\_\_\_, understand that when I am volunteer as a  
(Name)

\_\_\_\_\_, I will become a mandated reporter under the  
(Type of Volunteering)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

CANTS 22  
Rev. 5/2019

Office of the Director  
406 E. Monroe Street • Springfield, Illinois 62701  
[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)

**CATHOLIC DIOCESE OF ROCKFORD**

**VOLUNTEER ACKNOWLEDGEMENT**

I, \_\_\_\_\_, in my capacity as a volunteer, acknowledge that I have received the Catholic Diocese of Rockford Code of Pastoral Conduct for Priests, Deacons, Pastoral Ministers, Employees, and Volunteers of the Catholic Diocese of Rockford, and agree that I have read and will abide by the provisions of this Code of Pastoral Conduct as a volunteer of the Diocese.

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

St. Bridget

\_\_\_\_\_  
Parish/Entity

Loves Park

\_\_\_\_\_  
City

**NORMS FOR PROHIBITION OF SEXUAL ABUSE AND MISCONDUCT  
VOLUNTEER RECEIPT ACKNOWLEDGMENT**

I, \_\_\_\_\_, acknowledge that I have received the  
(Name of Volunteer)

Diocese of Rockford's Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults of the Diocese of Rockford. I agree that I will read and abide by the provisions of these norms as a volunteer of the Diocese.

Also, I acknowledge that the Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults that I have received this date replace all prior policies or regulations that I may have received from the Diocese. I agree that those former policies or regulations are no longer in force of effect.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Institution: St. Bridget

City: Loves Park

\_\_\_\_\_  
WITNESS

**FOR OFFICE USE:**  
**Parish/School/Diocesan facility to maintain this form at the location.**

**GUIDELINES FOR YOUTH AND THOSE WORKING WITH YOUTH  
RECEIPT ACKNOWLEDGMENT**

I, \_\_\_\_\_, acknowledge that I have received the  
(Name)  
Diocese of Rockford's Guidelines for Youth and Those Working with Youth. I agree that  
I have read and will abide by these Guidelines when working with Youth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parish/School/Diocesan Entity:

St. Bridget

City: Loves Park

Witness: \_\_\_\_\_

**Return this form to the Parish/School/Diocesan entity you identified on this form.**

**CODE FOR THE PASTORAL USE OF TECHNOLOGY AND SOCIAL MEDIA  
RECEIPT ACKNOWLEDGMENT**

I, \_\_\_\_\_, acknowledge that I have received the  
(Name)  
Diocese of Rockford's Code for the Pastoral Use of Technology and Social Media. I agree that I  
have read and will abide by this Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parish/School/Diocesan Entity: St. Bridget

City: Loves Park

Witness: \_\_\_\_\_

**Return this form to the Parish/School/Diocesan entity you identified on this form.**