

# ARCHDIOCESE OF CHICAGO



## COMPLIANCE GUIDELINES CHART – JULY 2020

*All clergy, employees, volunteers must have a Virtus account as part of Safe Environment Compliance*

<b>Clergy: Priests, Deacons &amp; Seminarians</b>	✓		✓	✓	✓	✓	✓
<b>All Employees of Pastoral Center, Parishes &amp; Agencies</b>	✓		(✓)*	✓			✓
<b>School Employees [Certified &amp; Non-certified]</b>	✓	✓	✓	✓	✓		✓
<b>DREs/CREs, Catechists, SPRED Volunteers, Youth Ministers, Coaches, Scout leaders</b>	✓		✓	✓	✓		✓
<b>School Volunteers, and All Parish Volunteers Who Minister to Children and/or Youth</b>	✓		✓	✓			✓
<b>Ministers to Vulnerable Adults (SPRED volunteers, Ministers of Care, hospital visitors, etc.)</b>	✓		(✓)*	✓			✓

**CBC:** Criminal background check run through [Virtus online](#) as part of the Virtus registration process. Rechecked every three years through Virtus. ([Policy 603.2](#))

**FP:** Fingerprints run through Accurate Biometrics for the Archdiocese of Chicago. School employees may not begin work until fingerprints have been submitted. Schools have the necessary forms. [IL School Code 105 ILCS 5/2-3.25o]

**CANTS:** Yearly check of the central registry of Department of Children and Family Services.  
\*Required only once for employees who do not work with children. ([Policy 603.5](#))  
[English CANTS Form](#) [Spanish CANTS Form](#)

**PGC:** Virtus' **Protecting God's Children** training session. **Register** and attend within 15 days of beginning work or volunteering. ([Policy 603.3](#))

**KPA:** Virtus' **Keeping the Promise Alive** 3-year recertification program done online through Virtus ([Policy 603.7](#))

**MRT:** Mandated Reporter Training from [State of IL training](#) website. Recertified every 3 years. Catechists are required to take it. CANTS-22 (22A for clergy) forms are to be kept in file. ([Policy 603.6](#) and [603.7](#))

**ACC:** Archdioceses Code of Conduct. Read and signed at time of hire and re-acknowledged yearly through Virtus ([Policy 603.4](#))

**[Archdiocesan Code of Conduct \(English\)](#)**

**[Archdiocesan Code of Conduct \(Spanish\)](#)**

**[Archdiocesan Code of Conduct \(Polish\)](#)**

**CC:** Critical conversations, A Virtus program for clergy only. Recommended 5 years after ordination.

**Student training:** Every student in every grade in both schools and religious education programs are to be offered training on how to protect themselves from sexual abuse. ([Policy 603.7](#))

Those under the age of 18 are unable to meet compliance requirements; therefore, they may not be in a supervisor position or in charge of minors.

All compliance records are to be kept within Virtus database. They are reported on the Annual Audit survey.

# Registration Process for New Registrants

## Account Registration

Before or after attending an instructor-led (live) session, all participants **must** register with **VIRTUS Online**.

Please click right click on the following link to open this hyperlink:

[https://www.virtusonline.org/virtus/reg\\_2.cfm?theme=0&org=18958](https://www.virtusonline.org/virtus/reg_2.cfm?theme=0&org=18958)

Or, click the green box labeled **FIRST-TIME REGISTRANT** or **ESPAÑOL: ACCESO O INSCRIPCIÓN** on the right side of the screen to begin registration.

The screenshot shows a web page with three main sections: 'LOGIN FOR EXISTING ACCOUNTS' with fields for 'User ID:' and 'Password:' and a 'Sign In' button; 'FIRST-TIME REGISTRANT' in a green box; and 'ESPAÑOL: ACCESO O INSCRIPCIÓN' in a black box.

Create a User ID and Password you can easily remember.

This is necessary for all accounts. This establishes your account with the VIRTUS System.

If your preferred User ID is already taken, please choose another ID. We suggest the use of email addresses as usernames.

The screenshot shows a form titled 'Please create a user id and password that you will use to access your account'. It includes instructions: 'Create a User ID: [text box]', 'Create a Password: [text box]', and a 'Continue' button. Below the form, there are small print instructions: 'Your user ID is used wherever you are required that you use it. User ID's must be at least 5 characters long. Email addresses are OK. Your user ID must be at least 5 characters long. Your password must be at least 5 characters long. Do not use spaces or special characters.' A 'Continue' button is at the bottom.

Click **Continue** to proceed.

**Provide** all the information requested on the screen.

Several fields are required, such as: First, Middle & Last Name, Email address, Home Address, City, State, Zip, Phone Number, and Date of Birth.

(Note: Do not click the back button or your registration will be lost.)

Click **Continue** to proceed.

The screenshot shows a registration form with the following fields: 'Please enter your name as it appears on your driver's license, passport or other government-issued ID, and we need your full, legal name.' Below this are fields for 'First Name', 'Middle Name', 'Last Name', 'Nickname', 'Suffix', 'Email', 'Home Address', 'Home Apt. and Corp.', 'City', 'State', 'ZIP', 'Daytime Phone', 'Fax', 'Evening Phone', and 'Date of Birth'. A 'Continue' button is at the bottom.

If you do not have an email address, consider obtaining a free email account at [mail.yahoo.com](mailto:mail.yahoo.com), or any other free service. This is necessary for your Safe Environment Coordinator to communicate with you

Select the **PRIMARY** location with which you are associated by clicking the downward arrow and highlighting the location.

Next select all the role(s) that you perform at this location, and please check all roles that apply.

Please enter the title or function within your location.

Click Continue to proceed.

In this step, **DO NOT** select the location of your training session - you will pick that later. We are asking for the primary location where you **work** or **volunteer**.

Please select the primary location where you **work** or **volunteer**.

Location: **Academy of St. Benedict The African-Lafin (Chicago)**

Please select all that apply the primary role you perform at this location:

- Coordinator for education
- Director
- Director of an internal ministry of the church. Check the box if you have been ordained a deacon, priest, or bishop and are acting in that role.
- Educator
- Employee
- Priest
- Volunteer

Please select any additional roles you perform at this location:

- Catechist
- Coach
- DREICAE
- Service Leader
- Youth Minister

If you have a title please enter it below. If you do not have a title please simply check off or you do.

Title or Position of Service: \_\_\_\_\_

**Continue**

Your chosen location is displayed on the screen, along with the roles you selected.

Select **YES**, if you are associated with any additional locations.

Otherwise, if your list of locations is complete, select **NO**.

**You have chosen following locations and roles:**

Academy of St. Benedict The African-Lafin (Chicago)  
- Volunteer ✓

**Are you associated with any other locations?**

Yes      No

Please answer the following three questions:

*Do you interact with, work with or come into contact with minors and/or vulnerable adults within an Archdiocesan parish, school or Pastoral Center-related agency?*

*Are you employed or applying for an employment position with an Archdiocesan parish, school or Pastoral Center-related agency?*

*Are you required to only complete the Protecting God's Children training?*

Click **Continue** to proceed.

Do you interact with, work with or come into contact with minors and/or vulnerable adults within an Archdiocesan parish, school or Pastoral Center-related agency?  
Yes  No

Are you employed or applying for an employment position with an Archdiocesan parish, school or Pastoral Center-related agency?  
Yes  No

Are you required to only complete the Protecting God's Children training?  
Yes  No

**Continue**

Please review the following and respond:

➤ **CANTS (Child Abuse & Neglect Tracking System)**

To proceed, please **Confirm** by checking the box:

"I will download this form, fill it out and return it to my parish or school office".

**Archdiocese of Chicago, IL**  
**CANTS (Child Abuse & Neglect Tracking System)**

1 of 1

Form with various fields and checkboxes for CANTS registration.

Programs requiring PCATC on file

I will download this form, fill it out and return it to my parish or school office.

**Continue**

Please review the following and respond:

➤ Code of Conduct for Church Personnel

To proceed, please **Confirm** by checking the box:

"I have downloaded, read, and understand this document"

Please provide an electronic signature to confirm you have read this document and enter your full name and today's date.

Click **Continue** to proceed.

Archdiocese of Chicago, IL  
Code of Conduct

1 of 7

**Code of Conduct for Church Personnel**

All persons who minister to young people and/or vulnerable adults, will maintain a professional life and be mindful of the trust and power placed in a minister to young people and vulnerable adults

To achieve this, they will:

1. Touch a minor or vulnerable adult in a non-physical or other inappropriate manner
2. Be alone with a minor or vulnerable adult in a bedroom, a study, sleeping facility, or any other closed room
3. Share a bed with a minor or vulnerable adult
4. Use an overnight trip alone with a minor or vulnerable adult
5. Capture, possess or distribute pornographic images of minors under the age of 18
6. Receive, discuss, produce or promote/teach explicit, vulgar, obscene, revealing, false, false or deceptive information or entertainment to a minor or vulnerable adult

Problems viewing PDF? Click here

I have downloaded, read and understand this document.

Please provide an electronic signature to confirm you have read this document.

Full Name: first, middle and last?  (John D. Smith)

Today's Date:  (mm/dd/yyyy)

**Continue**

Please review the following and respond:

➤ Declarations

To proceed, please **Confirm** by checking the box:

"I have downloaded, read, and understand this document"

Please provide an electronic signature to confirm you have read this document and enter your full name and today's date.

Click **Continue** to proceed.

Archdiocese of Chicago, IL  
Declarations

1 of 2

**ARCHDIOCESE OF CHICAGO**

**DECLARATIONS PAGE - VOLUNTEER COMPLIANCE BY VISITOR**

The Archdiocese of Chicago sponsors this website to assist you in your role. Providing safe and secure programs for our ministers is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the purpose of our ministry. Please read and check each of the statements below.

- I declare that all statements contained in this application, to the best of my knowledge, are true, correct and complete. Any false statements, misrepresentations or omissions of fact that result in the disqualification or removal of this application or removal from the ministry service.
- I hereby authorize the Archdiocese of Chicago to make use of the information provided in this application and I authorize my past and present employers, and educational, religious organizations, agencies or any professional reference sources, and any individual or organization in which I might be named to not demand or request any information concerning my employment or religious service.
- I am willing to maintain a current background check.
- I understand that the approval of my volunteer application and assignment to a volunteer opportunity is already conditioned upon the successful completion of a criminal background check and that such check is a condition of my future employment. I understand that the background check is conducted by the Illinois State Police and I understand that I will be notified of the results of the background check. I understand that the background check is conducted by the Illinois State Police and I understand that I will be notified of the results of the background check. I understand that the background check is conducted by the Illinois State Police and I understand that I will be notified of the results of the background check.

Problems viewing PDF? Click here

I have downloaded, read and understand this document.

Please provide an electronic signature to confirm you have read this document.

Full Name: first, middle and last?  (John D. Smith)

Today's Date:  (mm/dd/yyyy)

**Continue**

Have you already attended a session?

If you have **not** attended a **VIRTUS Protecting God's Children** session, choose **NO**.

Otherwise, choose **YES**.

Have you already attended a session?

YES

NO

If you chose **NO** during the previous step, you will be presented with a list of upcoming **VIRTUS Protecting God's Children instructor led** sessions scheduled for the **Archdiocese of Chicago**.

When you find the instructor-led session training you wish to attend, click the circle -- and then click **Complete Registration**.

(If you chose **YES** during the previous step, you are post-registering for a past session. You will be presented with a list of all past instructor led **VIRTUS** sessions conducted in the **Archdiocese of Chicago**.

Choose the session you attended by clicking the downward arrow and highlighting the session -- then click **Complete Registration**.)

<input checked="" type="radio"/> Protecting God's Children for Adults
<b>Where:</b> St. Norbert (Northbrook) 1809 WALTERS AVE
<b>When:</b> Wednesday, January 29, 2020 6:00 PM
<b>Estimated length of session:</b> 3 hrs
<b>Spaces remaining:</b> unlimited
<b>Language:</b> This session will be conducted in English
<b>Notes:</b> Class will be held in the Church Hall
<b>Wheelchair accessible:</b> Yes
<input type="radio"/> Protecting God's Children for Adults
<b>Where:</b> St. Mary-Angels (Chicago) 1850 N. HERMITAGE AVE
<b>When:</b> Thursday, January 30, 2020 4:00 PM
<b>Estimated length of session:</b> 3 hrs
<b>Spaces remaining:</b> 12 of 20

Please click the Submit Background Check button to continue with the submission of your background check within s2verify.

Please then click the link: Begin your background check.

### Background Check

You are required to have a background check.

All of your information is prepared and ready to send to s2verify-v2.


Please click the button below when you are ready to submit your information

## Background Check

Begin your background check

Within s2verify, please start the background check process.

Thank you for completing the registration process!



### Background Screening

- 1. Location Confirmation
- 2. Electronic Consent
- 3. Background Check Request

# ARCHDIOCESE OF CHICAGO

Office for the Protection of Children and Youth  
 Office of Assistance Ministry  
 Office for Child Abuse Investigations and Review  
 Safe Environment Office



P. O. Box 1979  
 Chicago, Illinois 60690-1979  
 312-534-5388  
 312-751-8307, fax

## FINGERPRINT APPLICATION FORM

*All applicants must present a photo ID to the technician*

Archdiocese of Chicago ORI # ILL 136 97S  
 Purpose Code : AWA

**Instructions:**  
 This form is to be completed by the applicant seeking to have a fingerprint based criminal history record information check completed. Please print clearly in completing the form. The form must be signed by the applicant to authorize the release of any criminal history record information that may exist. Once the fingerprinting is completed, the fingerprints are submitted to the Illinois State Police and Federal Bureau of Investigation for processing. The form containing the applicant's original signature authorizing the release of any criminal history record information that may exist, will be maintained in a file by the Archdiocese of Chicago, Office for the Protection of Children and Youth. Present a completed copy of this form and a photo ID to the LIVE SCAN vendor.

Applicant Last Name: (print)		First: (print)	Middle Initial
Date of Birth:		Sex:	Race:
Height:	Weight:	Hair Color:	Eye Color:
Address:			
Drivers License #		Drivers License State	
Place of Birth (State or Country if outside of USA):			
School Name:		City:	
School Code #: <u>Marist High School #49326</u>		Zip code:	
Applicant Consent: I, the undersigned, 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 will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. 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.			
Applicant Signature:		Date:	

**DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

F.P. Technician \_\_\_\_\_

Date

TCN# \_\_\_\_\_

TO BE BILLED

The vendor is required to return this original form to the Archdiocese of Chicago.



## FINGERPRINT LOCATION DETAILS

Oak Lawn

IF CLOSED PLEASE DO NOT WAIT IN THE HALLWAY OR LOBBY

8833 Ridgeland Ave

In the Jewel Osco Plaza

Oak Lawn, Illinois 60453

**No appointments required for this location**

Date	Hours
07/24/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
07/25/2020	9:00 AM-1:00 PM
07/27/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
07/29/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
07/31/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/01/2020	9:00 AM-1:00 PM

08/03/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/05/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/07/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/08/2020	9:00 AM-1:00 PM
08/10/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/12/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/14/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/15/2020	9:00 AM-1:00 PM
08/17/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/19/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/21/2020	9:00 AM-12:30 PM 1:30 PM-5:00 PM
08/22/2020	9:00 AM-1:00 PM

## Other Search Options

Find Locations Open Today

Find Closest Location By Zipcode



State of Illinois  
Department of Children and Family Services  
**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking Systems (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

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

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

Parish/School/Agency: \_\_\_\_\_

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

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

**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: DCFS.ArchDio689@Illinois.gov

**Please type, use bold letters or label:**

\_\_\_\_\_  
**safekids@archchicago.org**  
**Archdiocese of Chicago**  
**Mary Jane Doerr**  
**P.O. Box 1979**  
**Chicago, IL 60690-1979**

(Submitting Agency Fax Number)  
(Submitting Agency Email Address)  
(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)



## Recognizing and Reporting Child Abuse: Training for Mandated Reporters

REPORT ABUSE  
1-800-252-2873  
1-800-252-2873  
1-217-524-2600  
TDD: 1-800-350-5117

[About Us](#)
[Resources](#)
[Help](#)
[Register](#)

### Welcome To Recognizing And Reporting Child Abuse: Training For Mandated Reporters

The purpose of this online course is to help all Illinois Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse.

Everyone who suspects child abuse or neglect should call the Illinois Department of Children and Family Services Child Abuse Hotline to make a report, but Mandated Reporters are required by law to do so.

#### This Training Includes:

1. A pre-training assessment (13 multiple-choice questions)
2. 60-90 minutes of self-paced interactive training
3. A post-training assessment (13 multiple-choice questions)
4. A Certificate of Completion

#### Letter To Educators Regarding Mandated Reporter Status

Dear Illinois Educator:

The Department of Children and Family

Services wants to thank you for all you are doing to support your students during this crisis. DCFS relies on educators like you to help us protect children. You report abuse and neglect more than any other group of mandated reporters.

With physical school buildings closed during the COVID-19 pandemic, and the added stress that families are experiencing with the outbreak, your vulnerable students are at greater risk of harm. Since the closure of schools in mid-March, hotline calls have dramatically decreased. This is where DCFS, once again, needs the help of educators.

Remote learning has begun in most districts throughout Illinois. Some of your districts are even doing remote learning with video, allowing teachers to maintain

#### New User

Register for an account

#### Returning User

You are a returning user if you have taken this training after August 2012

Email:

Password:

Login

*Forgot your password?*

*Click here*

*Need Technical Support?*

*Ver esto en Español*

face-to-face contact with students. Our "ask" is that you continue to be mindful of the wellbeing of the children you are tasked with educating. As a mandated reporter, your assessment of the safety of our most vulnerable children is needed now more than ever. Please continue to do as you had in your classrooms and report concerns regarding the safety and wellbeing of your students.

Our Hotline is working at full capacity and remains prepared to take calls 24 hours a day. Currently most calls are handled in real-time without requiring a call-back. Our Child Protection Specialists continue to respond to hotline calls with face-to-face contact within 24 hours to assess child safety.

As a reminder, our hotline number is **800-25-ABUSE (800-252-2873)**. For non-emergencies, please make your report online at <https://www2.illinois.gov/dcf/safekids/reporting>. To assist you in submitting the required CANTS 5 (*Written Confirmation of Child Abuse/Neglect Report: Mandated Reporters*), you have the option of emailing this document to: [DCFS.mandatedreporterform@illinois.gov](mailto:DCFS.mandatedreporterform@illinois.gov).

We share your deep commitment to the safety of all the children of Illinois. These unprecedented times require that we forge a stronger partnership more than ever. DCFS cannot do this work without you. I am proud of the work you do as educator and the vital role you play protecting our children.

Sincerely,

Marc D. Smith

Acting Director, Illinois Department of Children and Family Services



# CODE OF CONDUCT FOR CHURCH PERSONNEL

As someone who ministers to young people and/or vulnerable adults, I will maintain a professional role and be mindful of the trust and power I possess as a minister to young people and vulnerable adults.

To achieve this, **I WILL NOT:**

- Touch a minor or vulnerable adult in a sexual way or other inappropriate manner.
- Be alone with a minor or vulnerable adult in a residence, rectory, sleeping facility, or any other closed room.
- Share a bed with a minor or vulnerable adult.
- Take an overnight trip alone with a minor or vulnerable adult.
- Acquire, possess or distribute pornographic images of minors under the age of 18.
- Introduce sexually explicit or pornographic topics, vocabulary, music, recordings, films, games, websites, computer software or entertainment to a minor or vulnerable adult.
- Provide alcohol, cigarettes or controlled substances to a minor or vulnerable adult.
- Use, possess, or be under the influence of illegal drugs.
- Use alcohol when engaged in ministering to a minor or vulnerable adult.
- Engage in physical discipline for behavior management of minors or vulnerable adults.
- Humiliate, ridicule, bully, or degrade another person.

## MEASURES TO AID OBSERVANCE OF THE CODE OF CONDUCT

To help me keep the promises in the Code, **I WILL:**

- Report any suspected child abuse or abuse of a vulnerable adult to the proper authorities.
- Avoid physical contact when alone with a minor or vulnerable adult. Physical contact with minors or vulnerable adults can be misconstrued, especially in private settings.
- Avoid overnight stays with a minor or vulnerable adult unless there is another adult present in a supervisory role.
- Avoid providing overnight accommodations for minors or vulnerable adults in private residences or rectories.
- Avoid driving alone in a vehicle with a minor or vulnerable adult.
- Have more than one child and at least two adults present when using one's own home for youth work.
- Assume the full burden for setting and maintaining clear, appropriate physical and emotional boundaries in all ministerial relationships.

- Refrain from giving expensive or inappropriate gifts to a minor or vulnerable adult.
- Avoid meeting privately with minors or vulnerable adults in rooms, offices, or similar areas where there is no window or where the door cannot remain open. If one-on-one pastoral care of a minor or vulnerable adult is needed (e.g. Sacrament of Reconciliation) avoid meeting in isolated locations.
- Exercise caution in communicating through emails or the internet. Only share work/ministry related email addresses with minors and vulnerable adults. Do not participate in chat rooms with minors or vulnerable adults.
- Ensure that all activities (extracurricular, catechetical, youth ministry, scouting, athletics etc.) for which you are responsible have been approved in advance by the appropriate administrator.
- Have an adequate number of adults present at events. A minimum of 2 adults in supervisory roles must always be present during activities for minors and vulnerable adults.
- Release young people only to parents or guardians, unless the parent or guardian has provided permission allowing release to another adult.
- Avoid taking minors and vulnerable adults away from the parish, school, or agency for field trips, etc. without another adult present in a supervisory role. Obtain written parental/guardian permission before such activities. Permission slips should include the type, locations, dates, and times of the activity and emergency contact numbers.

## PRACTICAL SUGGESTIONS

These are some practical suggestions for identifying permissible and impermissible conduct.

### **Conduct that May Be Permissible**

Appropriate affection between Church personnel and minors and vulnerable adults constitutes a positive part of Church life and ministry. Nonetheless, any touching can be misunderstood and must be considered with great discretion. Depending on the circumstances, the following forms of affection are customarily (but not always) regarded as appropriate:

- Verbal praise
- Handshakes
- “High-fives”
- Pats on the shoulder or back
- Hugs (brief)
- Holding hands while walking with small children
- Sitting beside small children
- Kneeling or bending down for hugs from small children
- Holding hands during prayer
- Pats on the head when culturally appropriate

### **Conduct that is NOT Permissible**

Some forms of physical affection have been used by adults to initiate inappropriate contact with minors. In order to maintain the safest possible environment for minors and vulnerable adults, the following are examples of affection that are **NOT TO BE USED**:

- Inappropriate or lengthy embraces
- Kisses on the mouth
- Holding minors over four years old on the lap
- Touching buttocks, chest, legs or genital areas
- Showing affection in isolated areas such as bedrooms, closets, staff-only areas or other private rooms
- Wrestling or tickling minors or vulnerable adults
- Piggyback rides
- Any type of massage given by minor to adult, or by adult to minor
- Any form of unwanted affection
- Compliments that relate to physique or body development



## CODE OF CONDUCT ACKNOWLEDGEMENT FORM **EMPLOYEES AND VOLUNTEERS**

---

Parish/School/Agency

Date

I have received a copy of the Code of Conduct for Church Personnel. I have read and understand this Code of Conduct, and I agree to abide by it. I have also read and understand the "Measures to Aid Observance of the Code of Conduct" and the "Practical Suggestions" and will employ them to help me observe the code of conduct. A violation of this code can result in disciplinary action, up to and including termination and/or removal from ministry.

---

Signature

---

Print Name

---

Position

The signed Code of Conduct Acknowledgement Form shall be kept in employee personnel files at the agency/parish/school or in a general volunteer file at the agency/parish/school.

Please return this completed form to the site where you are an employee or volunteer.

EMPLOYEE INFORMATION SHEET

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_