DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

Background Check Authorization Form for: Lay Employees, Volunteers, Contactors, & Religious

Have you resided in the State of Pennsylvania for more than a year?
Yes _____ No _____

Does position require interaction with children? Yes____ No ____

UEID _____

Location Type:
- O Parish
- O School
- O Both

Diocesan Position:
- O Contractor
- O Employee
- O Priest
- O Religious
- O Teacher
- O Volunteer

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____ O Female O Male
Last First Middle

Alias(es) _____ Race _____
Last First Middle

Date of Birth: ___/____/_____ Social Security Number _____
Mm dd yyyy Employees Only

Current Address: _____
Street Address Apartment Number

_____
City State Zip Code

Phone: _____ Email Address: _____

Diocesan Location _____
Site Name (IE St. Joseph) City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquires and sharing this information with another Roman Catholic Diocese, as necessary.

_____
Signature Date

* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.
* Parish /School must retain a copy of this completed form in the employee/volunteer's file.
* Fair Credit Reporting Act (FCRA) Summary of Rights on reverse side of form.

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Instructions to Obtain VOLUNTEER

Child Abuse History Certification Clearances

https://www.compass.state.pa.us/cwis/public/home

Create and Access an Individual Account

1. Use the address above to access the site to apply for a clearance.
2. You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
3. Read the information for creating a Keystone ID on the "Create Keystone ID: General Information" page. Click Next.
4. Create a Keystone ID. It can be any user name that you are familiar with for example: Last name, first initial, middle initial, like "smithab."
5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
    a. "Public" as in a public device like one that might be at a library or a school
    b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions.
15. Click "Continue."
16. Click "Create a Clearance Application."

17. Click "Begin"

18. Volunteers should select **"Volunteer having contact with children"** for the Application purpose:

    a. **Please note:** Volunteer clearances cannot be used for employment.

19. Enter all requested information. Make sure to include a local address that you have access to, so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.

20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.

21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for insufficient information.

    a. All applicants who were under 18 years of age in 1975 must list their parents or guardians among their Household Members.

    b. Those who have passed can still be listed. You can note this rather than giving an age.

22. Once you have completed the application click "Submit." Make note of the application number that shows at the end.

Next Steps:

You should receive an email that your application was received. You will also receive an email when your clearance is ready to access online. If you requested to receive a paper copy in the mail, that should arrive within 2 to 3 weeks, as long as the information you provided was accurate to the best of your knowledge and complete to the satisfaction of ChildLine.

If your application resulted in a letter requesting missing information, you may respond to this either by writing the information on the letter and mailing it back to ChildLine (address at the end of the letter), or you may call the ChildLine Verification Unit using the phone number on the letter to provide the missing information.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN

Instructions to Obtain DHS Fingerprints for all Volunteers and Parish Employees

Go to the registration site: https://uenroll.identogo.com/

Enter your Service Code to get started

- **Volunteer** – **1KG6ZJ** for DHS Volunteer
- **Employee** - **1KG756** for DHS Employee

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter

  Employee Name: Diocese of Allentown
  Country: United States
  Address Line 1: PO Box F
  Address Line 2: - leave blank-
  City: Allentown
  State: Pennsylvania **Postal Code**: 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select **NO When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.**

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment, you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An official copy of your results will be sent to your email address if you selected to be contacted through email. Please do not open on your phone. Your unofficial results are only available once, through a one-time use link. **Do NOT login with your phone** because the system doesn't allow letters pulled via mobile devices, but it does count as your single login. Only use the link provided by IdentoGo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

REV 12/05/2022 JW

Attachment 1

DIOCESE OF ALLENTOWN
SOCIAL MEDIA and ELECTRONIC COMMUNICATIONS POLICIES
ACKNOWLEDGMENT and CONSENT FORM

To be signed by all clergy, religious, employees, volunteers, aspirants, and seminarians of the Diocese of Allentown

By signing below, I acknowledge and agree to the following:

1) I have received, read, and understand the Diocese of Allentown's "Social Media and Electronic Communications Policies" (the "Policies")

2) I agree to abide by the Policies, as they may be updated from time to time.

3) I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry or other service.

Printed Name: _____ **Date:**_____

Signature: _____

Diocesan Location: _____

DIOCESE OF ALLENTOWN POLICIES FOR CREATING AND ADMINISTERING CHURCH WEBSITES AND SOCIAL MEDIA ACCOUNTS

ACKNOWLEDGMENT AND CONSENT FORM

Any Church Representative creating or administering a website or Social Media account on behalf of the Diocese or any of its parishes, schools, or ministries, must read and sign the Acknowledgment Form

By signing below, I acknowledge and agree to the following:

I have received, read, and understand the Diocese of Allentown's *Social Media and Electronic Communication Policies* and *Policies for Creating and Administering Church Websites and Social Media Accounts* (collectively, the "Policies").

I understand and agree to abide by the Policies, which may be updated from time to time.

I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry or other service.

Church-related websites or Social Media accounts shall be owned by the Diocese of Allentown or the parish, school, or ministry for which the website or Social Media account was created or used. Neither I, nor any other individual, shall have or assert any ownership rights in any such websites or Social Media accounts, regardless of the name or contact information under which the website or Social Media account was created or registered.

I understand and agree that if I assert personal ownership rights over or take steps to exclude the Diocese of Allentown from accessing any website or Social Media account created or used for or on behalf of the Diocese, the Diocese shall be entitled to injunctive relief and to recover from me all costs and expenses incurred in pursuing relief, including attorneys' fees.

I understand and agree that the Diocese shall have the authority to access all content and administrative controls of any website or Social Media account created or used for, or on behalf of, the Diocese or its parishes, schools, or ministries.

I hereby irrevocably consent to giving the Diocese full access to and control of any and all websites and Social Media accounts created or used for or on behalf of the Diocese or its parishes, schools, or ministries.

Printed Name: _____ **Date:** _____

Signature: _____

Diocesan Location: _____

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

_____ _____

Date Signature of Clergy/Religious/Employee/Volunteer

_____ _____

Location Printed Name

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

_____ _____

Date Signature of Clergy/Religious/Employee/Volunteer

_____ _____

Location Printed Name

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Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit https://www.virtusonline.org/virtus/
2. Select the "First-Time Registrant" button
3. Select "Begin the registration process"
4. Using the dropdown arrow select "Allentown, PA (Diocese)"
5. Click "yes or no" if you have previously registered with Virtus. Select "No" if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all *items. Do not select "No Email," you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed
   Please select at least one primary role you perform at this location
   Please select any additional roles you perform at this location
   Please enter your actual title or position of service
9. Select "Yes" if you are associated with any other diocesan locations, "No" if you are not.
10. Please answer the four questions on the next page, by selecting "Yes" or "No"
11. Please print and read the documents on the next page, select "I have read and understand this document", fill in your name and the date, select continue.
12. On the next page Select "Online Training" or "Online Spanish Training," then click the "Continue Button"
13. Have you already attended a VIRTUS Protecting God's Children Session? select "Yes" or "No"
14. If you selected "No" please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on You have 1 online module assigned. to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please sign out. After 72 hours sign back in to your account and print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history.

18. The following roles will be assigned monthly online readings on the Virtus website:

Priests	Deacons	Seminarians	Principals	K of C with Squire Programs
DRE/CRE	LSEC	Coaches	Youth Ministers	Prep/CCD Teachers
Employees	Teachers			

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Instructions to Obtain Mandated Reporter Certificates

Mandated Reporter Training

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep you login information for future trainings.

1. **Pa Family Support Alliance website:** https://pafsa.org/
   a. Click on "Trainings & Programs" at the top of the page
   b. Select "Mandated Reporter Training"
   c. Scroll down the page until you see "Upcoming Virtual Sessions at no cost"
   d. Look for Virtual Sessions in (month), (click here)
   d. Select a date and time that works for you
   e. Fill in all the required boxes marked with * (an asterisk)
   f. Select "Register"
   g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
   h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

2. **University of Pittsburgh's website:**
https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx
   a. Fill out all required information (blue fields) to create an account.
   b. Click "Submit" to create a username and password.
   c. Login using your new credentials in the "Welcome" tab.
   d. Complete the 3-hour (minimum) training course.
   e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work **are considered mandated reporters of child abuse** and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,
  PLEASE CALL 911 IMMEDIATELY.
- Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
- Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at www.compass.state.pa.us/cwis or you may fax or mail the form to the appropriate Office of Children and Youth.
- Please call the Appropriate Office of Children and Youth Services:

Berks	610-478-6700	Bucks	215-348-6950
Carbon	570-325-3644	Luzerne	570-826-8710
Lehigh	610-782-3064	Monroe	570-420-3590
Northampton	610-829-4690	New Jersey	877-652-2873
Schuylkill	570-628-1050	Montgomery	610-278-5800

- The Pastor (or Board of Pastors of the Regional School)
- The Principal of the school
- Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
- If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.

  **Please document who you spoke to and when

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

The Diocese of Allentown urges any questions about the interpretation of the law be resolved in favor of reporting.

Revised 05/25/2018

DIOCESE OF ALLENTOWN

FLOW CHART FOR MANDATED REPORTERS
(Call 911 if the child is in imminent danger)

To make a report:

CALL ChildLine
1-800-932-0313

AND

Complete CY-47:
Form (PDF) can be found online at:

www.keepkidssafe.pa.gov
Click on Resources and then Forms.
Click on "Report of Suspected Child Abuse (CY-47) to print form.

Complete all information on CY-47 as far as you are able. There may be questions you are not able to answer. **Please mail or fax the CY-47 within 48 hours to the Local County Office of Children & Youth as directed.**

OPTION -Electronic Reporting:
You may also complete the CY-47 and submit online at

www.compass.state.pa.us/cwis/public/home

You are required to create a Keystone ID in order to submit an electronic report. Complete all information on form as far as you are able. There may be questions you are not able to answer. A confirmation of the submittal will be sent by email. Please print a copy of the report before you exit the website.

Inform person in charge:

Pastor, Board of Pastors, Principal, Administrator, Secretary of Secretariat

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Call/Fax Local Children & Youth Agency After calling Childline, you have 48 hours to mail or fax a copy of the CY-47 to the Local County Office of Children & Youth

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Call Attorney Joseph Zator

Email, Mail or fax the copy of CY-47 to Atty. Zator

Attorney Joseph Zator
4400 Walbert Ave.
Allentown, PA 18104
jzator@zatorlaw.com
(p) 610-432-1900, (f) 610-432-1707

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Within 30-60 days, you should receive a letter from the Local County Office of Children & Youth that reports findings.

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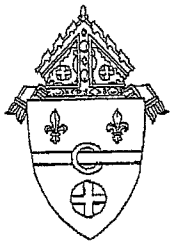
Email, Mail or fax copy of letter received to Atty. Zator

Notes:

Keep copies of all your correspondence and a record of to whom you spoke. Contact Pam Russo, Secretary for Catholic Health, Human Services, and Youth Protection with questions about the reporting process at prusso@allentowndiocese.org or **610-871-5200, ext. 2204.**

Rev. 1-2023



DIOCESE OF ALLENTOWN
Child Protective Services Law Policy
Acknowledgment Form

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

_____ (Date)

_____ (Signature of Employee/Volunteer)

_____ (Please print name)

_____ Location (Parish/School/Office)

_____ City

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

☐ Individual 18 years or older residing in the facility where child care is occurring.
☐ Individual working for a Regulated Child Care Provider.
☐ Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
☐ Volunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Home Mailing Address: _____
Include full street address, (Apt # or PO Box if applicable),

_____
City, State and Zip Code

E-mail Address:

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____ **Date:** _____