



DIOCESE OF DES MOINES BACKGROUND SCREENING APPLICATION

ТО	BE COMPLETE	D BY LOCA	TION BY AUTHORIZING PERSONNEL			
Circle one: Parish	School	Other	Location ID #			
Location name: City:			Contact:			
Telephone Number:		Email:				
			Virtus Date:			
Check the category that b			Check all that apply:			
☐ Applicant anticipated start date: ☐ Employee (Chancery, School, Parish)			☐ Regular Contact with Children ☐ MINOR			
☐ Candidate for ordination (deacon/seminarian)						
□ Priest/Deacon			If you transport individuals for parish or school events, please complete the MVR Section below:			
☐ Educator (BOEE	Licensed)		☐ Motor Vehicle Report (MVR)			
☐ Substitute Educate	r (BOEE License	ed)	Issuing State:			
□ Volunteer			Driver's License #			
Name:First		M.	Last Maiden Name			
Address:			Phone Number:			
	2		Email:			
City			Zip			
and/or consumer report to be institution. Public records may be needed. I realize this inquiry may be report. This consumer report will be used I may receive a free copy of the of my rights under the FCRA.	e conducted if dec be used in this repo hay include inform. sed for employment is report. Before an	rt, such as civil ation regarding t/volunteer seleny adverse action	her vulnerable populations, I hereby consent and authorize an investigative attemption and provided the Diocese of Des Moines, any parish, school, or related Catholical and criminal records and driving records, as well as personal interviews, as my character, general reputation, a criminal background check and motor ection purposes and may be subject to the Fair Credit Reporting Act (FCRA on is taken based on this report, I will receive a copy of the report and notice the persons, the undersigned acknowledges a truthful response of this was always to apply the resolved the complexity or volunteer position sought.			
information. I understand that p	oast violations wou	id not necessar	rily preclude the employment or volunteer position sought.			
Date of Birth:			Social Security Number: (Social Security # required for background check)			
Cianolisea.			Date:			

Signature:



ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF THE CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH

This is to acknowledge that I have received and reviewed a copy of the "Code of Conduct for the Protection of Children and Youth" of the Diocese of Des Moines.

I understand that I am responsible for complying with the policies as stated and should refer any questions to my immediate supervisor or the Diocesan Human Resources Department (515-237-5085) for clarification. I further understand that the Diocese reserves the right to change, modify and/or revise any of the policies at any time.

Employee, Educator, or	Volunteer Signature	
Employee, Educator, or	Volunteer Printed Name	
Parish/School/Agency	Name	
Location ID #		
Date:	Position Description:	



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under lowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the lowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are reque		checking the							
Child Abuse Registry Depender Please specify your preferred method of response					Section 1				
Address Fax	e by chec	King a box		nail					
Section 1: To be completed by the person o	r agency	requestin	the information.						
Requester: Last First KROUCH SHIRLEE ROMA		elephone Number 515) 237-5097							
Address 601 GRAND AVE					Fax Number (515) 237-5042				
City DES MOINES	State IA	Zip Code 50309	Email aloomis@dmdiocese.org						
List the name and address of the person whose i	nformatio	n is being re							
Name (last, first, middle)	Birth Date	Social Security Number							
Address City			County	State Zip Code					
List maiden name, previous married names, and any alias:									
What is the purpose of your request for child or dependent adult abuse information?									
I have read and understand the legal provisions f on the second page of this form.	or handlir	ng child and	dependent adult abuse	e informatior	which is printed				
Signature of Requestor Shules Krouch					Date				
Section 2: To be completed by the person child or dependent adult abuse	n authori e informa	zing the Do	epartment of Human	Services t	o release their				
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.									
Signature of Person Authorizing		Date							
Section 3: To be completed by the Central	Abuse Re	egistry or o	lesignee.						
Section 3: To be completed by the Central A	sted is list	ed on the C	nild Abuse Registry as	having abus	sed a child.				
☐ The person whose information is being reques	sted is list	ed on the C	hild Abuse Registry as e Child Abuse Registry	as having a	abused a child.				
☐ The person whose information is being reques ☐ The person whose information is being reques ☐ The person whose information is being requesed being requesed.	sted is list sted is not sted is list	ed on the C t listed on th ed on the D	nild Abuse Registry as e Child Abuse Registry ependent Adult Abuse	as having a Registry as	abused a child. having abused a				
 ☐ The person whose information is being request ☐ The person whose information is being request ☐ The person whose information is being request ☐ dependent adult. ☐ The person whose information is being request abused a dependent adult. 	sted is list sted is not sted is list sted is no	ed on the C t listed on the ed on the D t listed on th	nild Abuse Registry as e Child Abuse Registry ependent Adult Abuse e Dependent Adult Abu	as having a Registry as	abused a child. having abused a				
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470-3301 (Rev. 2/16)

Copy 1: Central Registry

Copy 2: Returned to Requester

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ♦ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ♦ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ♦ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ♦ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.