#### DIOCESE OF ALLENTO\VN

OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION

*OFFICE OF THE SECRETARY*

POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

**SAFE ENVJRONMENT *CYO* VOLUNTEER REQUIREMENTS CHECKLIST**

All CYO Votuutcers who have any contact with children must have the following:

1. Pennsylvania State Police Criminal Record Check (Pennsylvania Access to Criminal Histo1y (PATCH)) (Less than one year old, recheck every 5 years)-new volunteers please complete PATCH online at: Pcnnsvlvnnia Access To Criminal fUstorv - Home (state.pa.us) please click on ''New Volunteer Record Check", OR send your completed '·Background Authorization Form" to pungeruvallentowndiocese.org
2. Pcnnsyh·auia Child Abuse History Certificate (Recheck every 5 years). To obtain the Pennsylvania Child Abuse History Ce1iificate: [bttps://www.compass.state.pa.us/cwis/public/home](http://www.compass.state.pa.us/cwis/public/home) . A free check is available every 57 months. A free payment code is available through your Local Safe Environment Coordinator or your CYO Representative.
3. Federal Bureau of Investigation Criminal ''DBS,, Background Fingerprint Check (18+ years old)(less than one year old, recheck eve1y 5 years) -payment code is available through your Local Safe Environment Coordinator or your

CYO Representative.Register for the fingerprint at https://uenroll.identogo.com with payment code obtained from Local Safe Environment Coordinator (LSEC). During registration, make appointment for fingerprint scanning at a nearby public site. Print receipt, take it to the appointment and provide receipt to the LSEC. Approximately two weeks after

fingerprinting, you will receive the results in the mail. Bring the ori!!inal document to the Local Safe Environment Coordinator forsubmission to the Diocese when you receive it.

1. Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy which can be reviewed at: <http://www.allcntowncliocese.org/the-diocese/vouth-protcction/>
2. Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct which can be reviewed nt: [l1ttp://www.n1lentow11diocesc.org/the-diocese/vouth-protection/](http://www.n1lentow11diocesc.org/the-diocese/vouth-protection/)
3. Signed Aclmowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policies which can be reviewed at: <http://www.allentowudiocesc.org/the-diocese/youth-protection/>
4. Protecting God's Children nttendance certificate, only needs to be done once, please see attached directions. Print certificate of completion
5. Ce1·tificate from Mandated Reporting Training (good for *5* years) Mandated Reporter Training can be done at m,,w.rcportabnsepa.pitt.cdu. Please see attached directions. Print certificate of completion.
6. Aclmowledgcmcnt Form for Child Protective Services Law (CPSL) Policy. Review the Diocese of Allentown's Child Protective Services Law Policy (attached) and sign the acknowledgement form.
7. Signed Background Check Autborizntion Form, attached 11,Signed Coaches Code of Conduct

https://wmv.allentowndiocese.org/sites/defoult/liles/20I 708/DIOCES£ OF ALLENTOWN CODES Of CONDUCT 2015.pcH

1. Concussion/Sudden Cardiac Arrest Training Completion certificate
2. Motor Vehicle Report- ifdriving on behalf of a Diocesan location, please fill out part ''C" and "E" of the attached "Request for Driver Information Form". Please mail original to Diocese of Allentown Safe Environment Office, PO Box F,AllentownPA 18105-1538
3. National Sex Offender Registry Check, must be less than a year old and completed every five years. bttps://wmv.dhs.pn.gov/KcepKidsSafo/Rcsou rces/Doeumen ts/NSOR.APPLICATION.05.02.22.pd r

OfFICE ADDRESS: 1515 MARTfN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PENNSYLVANIA 18102

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#### 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

UEID

Have you resided in the State of Pennsylvania for more than a year?

Yes No \_

Location Type:

0 Parish

**0** School

Does position require interaction with children? Yes No

**0** Both

Diocesan Position:

**0** Contractor

**0** Employee

0 Priest

**0** Religious

**0** Teacher

**0** Volunteer



**Full Name**

**last First Middle**

**Alias{es)**

**Last First l\liddlc**

0 Female

**0 Male**

**Race**---------

**Date of Birth:\_/ / Social Security Number**

**i\lm dd yyyy** Employees Only

Current Address:

Street Address Apartment Number

City State Zip Code

Phone: Email Address: Diocesan Location

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S Name (IE St Joseph) City (Bethlehem)

: . • ACKNOWLEDGEMENTSIGNATURE • •• \_·

*I hereby grant the Diocese of Allentown pen11ission to complete a Criminal Background Check, to conduct a social security 11umber verification, FBI fingerprintillg and to complete a ft,Jotor Vehicle Check, if applicable.* ***J*** *co11se11t to the Diocese followi11g these procedul'es, 11,a/.ing these illquires a11d sharing thisinformatio11 with another Roma11 Catholic Diocese, as necessary.*

Signah1re 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 offom1.

ALLENTOWNDIOCESE.ORG I AD-TODAY.COY! (Updated 2/13/2023)

**DIOCESE OF ALLENTOWN**

###### OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION

*OFFICE OF THE SECRETARY*

###### POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

Instructions to Obtain VOLUNTEER \\1TH PAYME T CODE

**Child Abuse History Certification Clearances**

[https:.l/www.compass.state.pa.us/cwis/public/home](http://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.

1. At this point you will receive an email with your Keystone ID (username). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
2. Login to the system by clicking "Individual Login" on the home page given above.
3. Click "Access my Clearances."
4. Use your Keystone ID and the temporary password you received in your email to login to the system.
5. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
6. Answer "What type of device are you using?" with one of the following options:
   1. "Public" as in a public device like one that might be at a library or a school
   2. "Private" as in a private device that you own
7. Set a permanent password and write it down for your records. Close the window.
8. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
9. 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.
10. Click "Continue."
11. Click "Create a Clearance Application."
12. Click "Begin"
13. Volunteers should select **"Volunteer having contact with children"** for the Application purpose:
    1. **Please note:** Volunteer clearances cannot be used for employment.
14. Enter all requested information. Make sure to include a local address that you have access lo, so

**that you can receive a mailed copy nf your results in addition to an electronic copy, if so desired.**

1. **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.**

1. 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.**



1. 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 a9cess 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 m.issing information.**

DIOCESE OF ALLENTOWN

OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION OFFICE OF THE SECRETARY

POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

**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** - **l KG6ZJ** for DHS Volunteer
* **Employee- IKG756** 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 YES

When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. A copy of your background check will be provided to you upon request to your Local Safe Environment Coordinator.

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 email and take with you to fingerprinting appointment AND keep 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 when yousigned up. 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.

REV. 6124/2024 JW

## DIOCESE OF ALLENTO\VN

###### OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION

*OFFICE OF THE SECRETARY*

###### POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

Code of Conduct, English Code of Conduct, Spanish

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OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTO\VN, PENNSYLVAl'ITA 18102

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**DIOCESE OF ALLENTOWN**

###### OFFICE OF CATHOLIC HEALTH,

:mJMAN SERVICES, AND YOUTHPROTECTION

*OFFICE OF THE SECRETARY*

POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

##### ACKNOWLEDGlVIENT/CERTIFICATION DIOCESE OF ALLENTOWN

2022 **POLICIES *J.ll'ID* 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 discrntion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures andto abide by and comply with them at alltimes. 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 responsibilityto 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/EmployeeNolunteer

Location

Printed Name

OFFICEADDRESS: 1515 MARTIN"LUTHERKINGJUNIORDRIVE, ALLENTOWN, PENNSYLVAl A 18102

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Revised 1/31/2024

## DIOCESE OFALLENTOWN

###### OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION

*OFFICE OFTHE SECRiiTAR.Y*

POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

##### ACKNO.WLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN

**POLICIESAND PROCEDURES REGARDING** 2022 **CODE OF CONDUCT**

I acknowledge and certify that I have received or have beengivenaccess to the Diocese of Allentown's Policies and Procedures Reg ding Code of Conduct. I understand that the Diocese of Allento"\-vn may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is myresponsibility to carefully read these Policies and Procedures and to abide by and comply with them at alltimes. 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 \Veil as my responsibilityto comply with them.

I acknowledge and certify that I have had anopportunity 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/EmployeeNolunteer

Location

Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTO\VN, PENNSYLVANIA 18102

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DIOCESE OF ALLENTOWN

###### OFFICE OF CAIBOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION

*OFFICE OF THE SECRETARY*

###### POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

DIOCESE 0, ALLENTOWN POLICIES FOR CREATING AND ADMlNISTERING CHURCH WEBSITES AND SOCIAL MEDIA ACCOUNTS

ACKNOWLEDGMENT AND CONSENT FORM

*Any Church Representative creating or administering a website or Soda/ Media account on behalf of the Diocese or any of Its parishes, schools., or ministries, must read and sign the Acknowledgment Form.*

Bysigning 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 *Poficiesfor 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 anyviolation 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, shallhave or assert any ownership rights in any such1,vebsites or Social Media accounts, regardless of the name or contact ir.formalion 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 andto 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 onbehalf of, the Diocese or r..s parishes, schools, or ministries.

**J**hereby irrevocably cons.ent to giving the Diocese full access to and control of any and ali websites and Social Media accounts created or used for or on behalf of the Diocese or its parishes, schools, or ministries.

Date Signature of Clergy/Religious/EmployeeNolunteer

Location Printed Na.me

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUN10R DRIVE, ALLENTO\.VN, PENNSYLVAl\1l 18102

Revised 1/31/2024

### DIOCESE OF ALLENTOWl f

###### OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION

*OFFICE OF THE SECRETARY*

POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

##### ACKNOWLEDGMENT/CERTIFICATIONDIOCESE OF ALLENTOWN POLICIES AND PROCEDURES REGARDING 2022 SOCIAL MEDIA AND

**ELECTRONIC COMMUNICATIONS**

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications.

I understand that the Diocese of Allento...-vn 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 responsibilityto 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 Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, aswell asmy responsibilityto comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contactinthe event that I have any future questions or concerns in *this* regard.

Date Signature of Clergy/Religious/EmployeeNolunteer

Location

Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PEN"NSYLVANIA 18102

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#### DIOCESE OF ALLENTOWN

OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION

*OFFICE OF THE SECRETARY*

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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://vmw.virtusonline.org/virtus/**
2. Select the **"First-Time Registrant11** 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 **11No'** if you are not sure.
6. Create a usemame and password, please keep these for future trainings
7. Please fill in al,l virtual training.

.ems. Do not select **"No Email,"** you must have an email address to do the

1. 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

1. Select "Yes· if you are associated with any other diocesan locations, "No" if you are not.
2. Please answer the four questions on the next page, by selecting "Yes" or "No,,
3. 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.

12.0n the next page Select "Online Training" or "Online Spanish Training," then click the "Continue Button11

1. Have you already attended a VIRTUS Protecting God's Children Session? select "Yes" or "No"
2. If you selected "No" please select the training you'd like to take (English or Spanish).
3. Your home page will open, please click on You have 1 online module assigned to start your training.
4. Thank you for registering for Virtus Online.
5. Upon completion, please sign out. After 72 hours sign back into 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.

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## DIOCESE OF ALLENTOWN

###### OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION

*OFFICE OF THE SECRETARY*

POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

#### 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.orq/
     1. Click on "Trainings & Programs" at the top of the page
     2. Select "Mandated Reporter Training"
     3. Scroll down the page until you see aUpcoming Virtual Sessions at no cost"
     4. Look for Virtual Sessions in (month), (click here)

1. Select a date and time that works for you
2. Fill in all the required boxes marked with ("3n asterisk)
3. Select "Register"
4. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
5. Upon completion, please print or take a picture of your certificate and give to your

supervisor or Local Safe Environment Coordinator. Depending on your teacher, it may take up to two weeks to receive your certificate in your email.

* 1. University of Pittsburgh's website:

https://[www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx](http://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx)

* + 1. Fill out all required information (blue fields) to create an account.
    2. Click "Submit" to create a username and password.
    3. Login using your new credentials in the "Welcome" tab.
    4. Complete the 3-hour (minimum) training course.
    5. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

Sitio web en espafiol de la Universidad de Pittsburgh:

httns://wvvw.reportabusepa.pitt.edu/Lo inES.aspx

1. Rellene toda la informaci6n requerida (campos azules) para crear una cuenta.
2. Haga clic en "Save" para crear un nombre de usuario y una contrasefia.
3. lnicie sesi6n utilizando sus nuevas credenciales en la pestafia "Bienvenido *(Welcome)".*
4. Complete el curso de entrenamiento de al menos 3 horas de duraci6n.
5. Al completar, por favor imprima o tome una foto de su certificado y entreguelo a su supervisor o Coordinador Local de Ambiente Seguro *(Local* Safe *Environment Coordinator).*

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PENNSYLVANIA 18102

Revised 4/15/2024

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**

**o** 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](http://www.compass.state.pa.us/cwis) or you may fax or mail the form to the appropdate 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 Plincipal, then see your Pastor, or the Superintendent of Education for the Diocese.

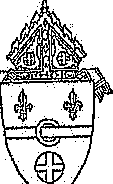
\*\*Please document who you spoke to and when

Anyone making a report is immune from civil or criminal liability provided a repo1t is made in good faith.

The Diocese of AJlentown 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)

Tp make a report: .

**CALL Child i.ne**

#### 1-800-932-0313

**AND**

**Complete CY-47:**

Form (PDF) can be found ontine *at*

www.keepktdssafe.pa,gm:

Cltck onResources and then Forms.

Cilek on "Report of Suspected Chlld Abuse (CY'4n

to prlnt form,

Complete alt information on CY.-47 as far as you are able, Thare may l;Je questlons you are not able ta answer. ·Ptease mallor fax the (.y..47 wtthln 48 hours to the Local County .OffLce of Children & Youth as directed.

OPTION •Electronic Reporting:

You-may also complete the *ct-47* and submlt onl\ne at

www,comgass1state,12a.usLcwisl12ubllcLhgme

You are requtred to create a Keystone ID in order to submlt an electronlc report, Complete all lnformatton On form as far a::;;you are able, There

may be questions you are not able to answer. A conftrmatlon of the submittal wttt be sent by email Please prlnt a copy of the report before you exlt

the website.

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Inform person in charge:

Pastor,\_ Board of Pastors, Principal,

Administrator,Secretary Qf Secretariat

!

Call/Fa Local Children & YQUth Agency After cautng Chlldllne, you have 48 hour.s to man or fax:a copy of the CY 47 to the Local County Office of Chl!dren & Youth

J,

Call Attorney Joseph Zator

Emal!, Mall orfaxtl<le copy of CV-47 to

.

* Atty, Zator

Attorney Joseph Zator

4400 Walbert Ave,

Allentown, PA 18104 jzatc,r@:i:atorlaw.com

1. 610·432-1900, (fj 610-432-1707

•

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

Notes:

Keep copies of al! your corre5pondence and a record ofto whom you spoke. Cot.itact Pam Russo, Secretary for Cathollc Health, Human SerJlces, and Youth Protectlon with questions about the reporting process at [prusso@allentowndlocese.org](mailto:prusso@allentowndlocese.org) or 610,871-5200, ext, 2204.

Email, **Mail Qr *fax* copy of letter received to Atty, Zator**

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 Servioe LawPolicy. •

I have reviewed the Child Protective Services Law Polley and understand its contents, and the process that I must complete ifI hove 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 ha.s issued the Child Protective Services Law Policy for i.nfortnational 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 tho Diocese, The Diocese of Allentown may periodically review the Child Protective Services Law Polley, 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 inmy personnel or volunteer file,

(Date) (Signature of EmployeeNolunteer)

(Please print name)

Location (Parish/School/Office) City

**{OOIJ93262v3}**

**ttn, D:IW, l$M y20l4**

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DL-503 (11-21)

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pennsylvania

. DEPARTMENT OFTRANSPORTATION

**REQUEST FOR DRIVER INFORMATION**

**DO NOT SEND CASH• SEE REVERSE FOR INSTRUCTIONS**

CHECK (ii) ONE ONLV:

0 BASIC INFORMATION: $12.00 FEE *(Drrter history is* not *Included}*

0 3 YEAR DRIVER RECORD:$12.00 FEE

0 10 YEAR DRIVER RECORD:$12.00 FEE *(Employment Purpom Only)*

A'ITENTION DRIVERS\_: Pleas<e?mpl\_ete P rts & E ONLY

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**ReturnORIGINALform to: l'**.1tricia **Unger**

**Diocese of Alle!liown**

**l'. 0. BoxF**

**Allento"ll-n,PA l8105**

**Blnau** cf **00m llt=:.,g**•P.O. Bex68695 • H:m!sbul!J.PA17106-8695

0 FULL HISTORY: $12.00 FEE

0 CERTIFIED DRIVER RECORD: $38,00 FEE

0 COPY OF DOCUMENT FROM FILE (MICROFILM): $12,00 FEE

0 CERTIFIED COPY OF DOCUMENT FROM FILE: $38.00 FEE

You may obtain a copy of youi· own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa,gov

IA REQUESTER INFORMATION

*HAME/CO:..ti'*AMY

Diocese of Allentown

ADDRESS *P.O. Box number may ba used* in *addilcn*10 *lhe actuol add,.u, but c:annol* ***bo***

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P. 0 Box F

CITY STATE ZIPCODE

Alrentown **PA** 18102

OAYTIMETELEPHONE NUll:6ER *(REOUIR:DJ* {610) 871-5200

RELATIONSHIP TODRIVER *(FIEOUIRED)*

SIGNATURE X

NOTARIZATION ti.QIREQUIRED WHEM REQUESTING YOUR OWNRECORD

B END USER OF INFORMATION BEING REQUESTED

MA,.11:/COMP,\MY

ADDRESS *(P.O. Box not occep bl•). nud toprol/fde physical*local/on *of businesslruldonc11*

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DAYTIMETELEPHONE NUilBER *(REQUIRED}*

RELATIONSHIP TO DRIVER *(REOUIRED}*

D AFFIDAVIT OF INTENDED USE

IntendedUseol lhe lnfonnation Requested: CHECK ONLY ONE

0 B = Driver Release*(Driver mvst complete* Section *E.}*

0 C = Credit Business *(Legitimate Business need inconnection 1·:ith* a*business*

JC D IVER INFORMAtJON'.

NAME: LAST FIRST INITIAL

*lnlnsactlon t,,it:ated bythedriver.)*

0 C = Credit Potential Investor, Server or Current Insurer *(Inccnnac- lion with anaisessmenl ofthecrarJil/paymentrisks associated withanexisting credit obligation.)*

ADOR S CITY

STATi: ZIPCODE

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0 E= Employment (To*support lhehiring or theconli111alicn of employment Driver must C0111p/ete Seclion£)*

0 R=lnsur.ince Company requesting record of person it intends to Insure, now Insures, or has rejected for Insurance.

0 K= Court Ordermust be attached.***(A****subpoena issued*in *compliancewi1h Pa.R.C.P. 4009.21wiRbeaccepted in lieu of a court order-NOTE; Filedcopy of* certificate *prarequisi/9 I.IUST accompany subpoena).* •

0 L=Attorney representing driver idenlllled in Section C *(Driver must compl ts Sadicn E.)*

11:-

DATE o; erRTH Dfi.lVEA NUMBER

\;ONTHI DAY I YE..;A

I I

DRIVER -RELEA }

I hereby request

NAl.lc OF 08/VER

the Department of Transportation to furnish a copy of my PA Driver's

I hereby Certify that

PRl:-rTEONAIJE Of REQUC..STER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only andno olher reason. This affidavit is filed In compliance wllh Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this lorm Is subject to the penalties 18 Pa.C.S.

Record to Section 4904(b) (relating to unsworn falsifications), vihich shallinclude

NAMEOFPERSON/COMPANY

X

SIGH,\l<JREOFO VEA **DATE**

**F MICROFILM**

TYPE OF DOCUMENT DATE OF VIOLATION

*(sae list* of *available docvmen/3 below)* **z**

Documents Available: **0**

•Citations • lgr.itionInterlock Removal Letter

•Court Certifications • Suspenslon/Ravocation Latt ,s

•Appllcalions •Restoration Letters

* License Renewals • Rescind Letters

,Judgments • Department Hearing or Exam Notica

punishment of a fine not exceeding $2,500, or to a term ol imprisonment of not more lhan one year, or both.

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SIGN IN PRESENCE OF NOTARY

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| **APPLICATION: National Se1c0ffe1Jder Regi$try Verification** | |
| The following Individuals must complete the National Sex Offender Registry verification application:   * AnyIndividual 18 years or older residing In the ohild care setting where child care Is ocourrlng. * Any Individual working for a Regulated Child Care Provider. * Any lndlvldual with an ownership Interest (ooll'orste or non•OO'l'Orate)In a Regulated Child Care Provider and who participates In the organization and management of the operation. * Any volunteer of a ohlld care provider, group day,care home or family child care home. | |
| Type or print clearly InInk. Fill In all necessary fields on the application. Once completed, use one of the following three options to submit the application lotprocessing:   1. Mall to the Clearance Verlflcation Unit, Chlldllne at the followJng address: Department ofHuman Se1vlces PO BoX 8170 Harrtsburg, PA17105,,8170; **OR** 2. Scan the completed application and email to: [RA•PWNSOR@pa.gnv](mailto:PWNSOR@pa.gnv) Inlhe subject line 11st 'NSOR Verlllcatlon Applicant *Last* Name O.e., Smith); **OR** 3. Hand deliver to the Clearance VetlllcaHon Unit drop off box located at: 2525 North*1•* Street, Harrisburg, PA 17110. Pree parking Is available In the visitor's lot at 1tont of the building. | |
| * Processing time Is fourteen days from the date the application Isreceived. . * Retain acopy of the completed application for your record. Youmay need acopy as proof of your submission for your employer. * There Is no fee for the National Sex Offender Registry verlffcatlon letter. * Refer all questions tothe Clearance Veti!loatlon Unit at 877-371-5422. | |
| . ,J;'urposiinfth<>Na!,!onal Sex-Offen·der Reglii!ryVerification (Chliok one·b<>x only) | |
| DIndividual 18 years or order residing In the faollity where child care Is occurring.  0 Individual working for a Regulated Ch!ld Care Provider.  D Individual with an ownership Interest (corporate or non-corporate) in a Regulated Child Care Provider and who parllolpetes Inthe organization and management of the operation, •  [ii Volunteer of a child-oars ptovk!er, group-daycare home or family child care home. | |
| . ' . Applican!'Oeiµogr phlc11,1omiati9n [All!ie,as require<!) | |
| .  FullNamo {uast, Rrst, Mkldla lnlHaJ):  **soc! Security Number (XXX...XX-XXXX):**  .  Date ofBirth {MMIDOIYYYY):  . **IJf!Ytlma Phone Number p<xx..XXX-XXXXJ:**  **Home Malling Addresa:**  **Include full 8tro@t addressr (Apl # or PO Box If a\_p)?lh;rnble),**  **City, State and *Zlp* Co<fG**  **S-tnal!Address;** | |
| **1amrm the, above Information Is accurate E!hd complela to the bast ofmyknowledge and ballef, and subm!tted as truo and correcl under penalty ofJawper Section 4904 of tha Pennsylvaola Crimes Code.**  **Slgnattire-: Date:** | |
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