

DIOCESE OF DES MOINES
BACKGROUND SCREENING APPLICATION

TO BE COMPLETED BY LOCATION BY AUTHORIZING PERSONNEL

Circle one: Parish School Other Location ID # _____

Location name: _____ City: _____ Contact: _____

Telephone Number: _____ Email: _____

Check the category that best fits:

- Applicant anticipated start date:
- Employee (Chancery, School, Parish)
- Candidate for ordination (deacon/seminarian)
- Priest/Deacon
- Educator (BOEE Licensed)
- Substitute Educator (BOEE Licensed)
- Volunteer

Virtus Date: _____

Check all that apply:

- Regular Contact with Children
- MINOR

If you transport individuals for parish or school events, please complete the MVR Section below:

- Motor Vehicle Report (MVR)
Issuing State: _____
Driver's License # _____

Name: _____
First Middle Last

Address: _____ **Phone Number:** _____

_____ **Email:** _____
City State Zip

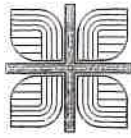
Realizing, as Church, the importance of protecting youth and other vulnerable populations, I hereby consent and authorize an **investigative and/or consumer** report to be conducted if deemed appropriate by the Diocese of Des Moines, any parish, school, or related Catholic institution. Public records may be used in this report, such as civil and criminal records and driving records, as well as personal interviews, as needed. I realize this inquiry may include information regarding my character, general reputation, a criminal background check and motor vehicle report.

This consumer report will be used for employment/volunteer selection purposes and may be subject to the Fair Credit Reporting Act (FCRA). I may receive a free copy of this report. Before any adverse action is taken based on this report, I will receive a copy of the report and notice of my rights under the FCRA.

Mindful of the importance of protecting children and other vulnerable persons, the undersigned acknowledges a truthful response of this information. I understand that past violations would not necessarily preclude the employment or volunteer position sought.

Date of Birth: _____ **Social Security Number:** _____
(Social Security # required for background check)

Signature: _____ **Date:** _____



**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:



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 Iowa 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 Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry
- Dependent Adult Abuse Registry
- Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address
- Fax
- Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last LOOMIS	First ALLISON	Agency Name ROMAN CATHOLIC DIOCESE OF DES MOINES	Telephone 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 information is being requested:

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 for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor <i>Alison Loomis</i>	Date 12/01/18
--	------------------

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

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 Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
---	------

Comments