

Verification Statement 2019-2020

Name: _____

PLEASE PRINT

Holy Angels School

1. The Staff Member/Volunteer verifies that the information previously supplied as a result of the Illinois State Police Conviction Information Request form dated on/is accurate and current and that there has been no change in the information so provided.

2. The Staff Member/Volunteer verifies that the information previously supplied on the "Acknowledgement of Volunteer Reporter Status" form dated on/is accurate and current and that there has been no change of information so provided.

3. This Staff Member/Volunteer acknowledges that s/he has received and read the booklet on "The Sexual Misconduct Norms" from the Diocese of Rockford and that the Staff Member/Volunteer's receipt dated is on file.

4. This Staff Member/Volunteer acknowledged that s/he has received and read the booklet on "The Code of Pastoral Conduct" from the Diocese of Rockford and the Volunteer's receipt dates on/is on file.

5. This Staff Member/Volunteer did participate in the program "Protecting All God's Children" and a copy on the certificate is on file.

Signature of Staff Member/Volunteer: _____

Date: _____