

Sign & turn-in to St. James School Office. See other side for required Background Check Consent form.

ACKNOWLEDGMENT OF RECEIPT

On _____, I was given a copy of the Diocese of Bridgeport’s *Policies and Procedures Relating to Allegations of Sexual Abuse of Minors by Priests or Deacons or by Lay Employees or Volunteers*. I have read the *Policies and Procedures*, understand its meaning and agree to conduct myself in accordance with its terms.

I acknowledge that the *Policies and Procedures Relating to Allegations of Sexual Abuse of Minors by Priests or Deacons or by Lay Employees or Volunteers* is not intended to create any contractual obligations, express or implied, on the part of the Diocese of Bridgeport.

By signing this Acknowledgement of Receipt I am specifically not authorizing the Diocese of Bridgeport or my employer to conduct any background check as specified in Section 3.1 of the *Policies and Procedures*. Such a background check may only be conducted with my specific written permission and for the limited purpose(s) set forth on an appropriate authorization form signed by me.

PARENT/GUARDIAN/VOLUNTEER #1

PARENT/GUARDING/VOLUNTEER #2

_____ print name

_____ print name

_____ signature

_____ signature

_____ date

_____ date

_____ *family name

_____ *family name

*Parents list your name. Other family members should list the name of the family that you are affiliated with from St. James Regional School.

St. James Regional School _____
Parish/Institution/Agency/Department

St. James Regional School _____
Parish/Institution/Agency/Department

PLEASE BE ADVISED THAT ALL PARENTS/GUARDIANS AND/OR VOLUNTEERS MUST SIGN-OFF ON THIS FORM & RETURN IT TO SCHOOL. FAILURE TO SIGN WILL MEAN THAT YOU CAN NOT PARTICIPATE IN ANY SCHOOL ACTIVITIES (INCLUDING CLASS TRIPS OR PARTIES) WHERE CHILDREN ARE INVOLVED. ALL VOLUNTEERS ARE ALSO REQUIRED TO UNDERGO A CRIMINAL CHECK AND TO PARTICIPATE IN SPECIAL TRAINING, “PROTECTING GOD’S CHILDREN.”