



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

SAFE ENVIRONMENT CYO VOLUNTEER REQUIREMENTS CHECKLIST

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

1. **Pennsylvania State Police Criminal Record Check** (Pennsylvania Access to Criminal History (PATCH)) (Less than one year old, recheck every 5 years) – new volunteers please complete **PATCH** online at: [Pennsylvania Access To Criminal History - Home \(state.pa.us\)](https://www.state.pa.us/cwis/public/home) please click on “New Volunteer Record Check”, OR send your completed “Background Authorization Form” to punger@allentowndiocese.org
2. **Pennsylvania Child Abuse History Certificate** (Recheck every 5 years). To obtain the **Pennsylvania Child Abuse History Certificate**: <https://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 “DHS” Background Fingerprint Check** (18+ years old)(less than one year old, recheck every 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 original document to the Local Safe Environment Coordinator for submission to the Diocese when you receive it.
4. **Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
5. **Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
6. **Signed Acknowledgment form for 2022 Diocese of Allentown Social Media and Electronic Communications Policies** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
7. **Protecting God’s Children attendance certificate**, only needs to be done once, please see attached directions. Print certificate of completion
8. **Certificate from Mandated Reporting Training** (good for 5 years) Mandated Reporter Training can be done at www.reportabusepa.pitt.edu. Please see attached directions. Print certificate of completion.
9. **Acknowledgement 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.
10. **Signed Background Check Authorization Form**, attached
11. **Signed Coaches Code of Conduct**
https://www.allentowndiocese.org/sites/default/files/201708/DIOCESE_OF_ALLENTOWN_CODES_OF_CONDUCT_2015.pdf
12. **Concussion/Sudden Cardiac Arrest Training Completion certificate**
13. **Motor Vehicle Report – if driving 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, Allentown PA 18105-1538
14. **National Sex Offender Registry Check**, must be less than a year old and completed every five years.
<https://www.dhs.pa.gov/KeepKidsSafe/Resources/Documents/NSOR.APPLICATION.05.02.22.pdf>

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
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Background Check Authorization Form

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

Yes _____ No _____

Does position require interaction with children? Yes _____ No _____

UEID _____

Location Type:

☐ Parish

☐ School

☐ Both

Diocesan Position:

☐ Contractor

☐ Employee

☐ Priest

☐ Religious

☐ Teacher

☐ Volunteer

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____

Last

First

Middle

☐ Female

☐ Male

Alias(es) _____

Last

First

Middle

Race _____

Date of Birth: ____/____/____
Mm dd yyyy

Social Security Number _____

Employees Only

Current Address: _____

Street Address

Apartment Number

City

State

Zip Code

Phone: _____ Email Address: _____

Diocesan Location _____

Site Name (IE St. Joseph)

City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with another Roman Catholic Diocese, as necessary.

Signature

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.



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Instructions to Obtain **VOLUNTEER**
Child Abuse History Certification Clearances

<https://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.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
 - a. "Public" as in a public device like one that might be at a library or a school
 - b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. 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."
15. Click "Continue."
16. Click "Create a Clearance Application."

17. Click "Begin"

18. Volunteers should select "**Volunteer having contact with children**" for the Application purpose:

a. Please note: Volunteer clearances cannot be used for employment.

19. Enter all requested information. Make sure to include a local address that you have access to, so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.

20. 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.

21. 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.

22. 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 access 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 missing information.



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Instructions to Obtain DHS Fingerprints

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Volunteer** – **1KG6ZJ** for DHS Volunteer
- **Employee** – **1KG756** for DHS Employee

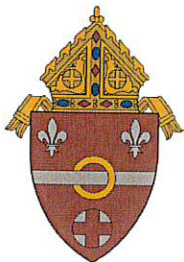
Select Schedule/Manage Appointment. During registration:

- 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: - 1515 Martin Luther King Jr. Drive
City: Allentown
State: Pennsylvania **Postal Code:** 18105
- You will be asked if your mailing address is the same as your residential address, please select **NO**
When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.

Payment Code

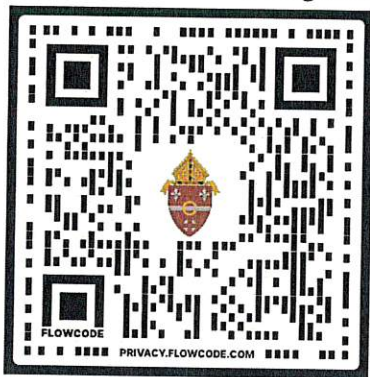
Please reach out to your Local Safe Environment Coordinator for a payment code

- 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 to take with you to fingerprinting appointment AND 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. Please do not open on your phone. 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.

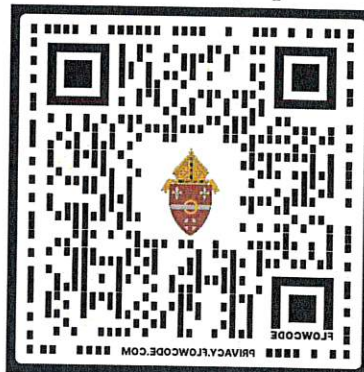


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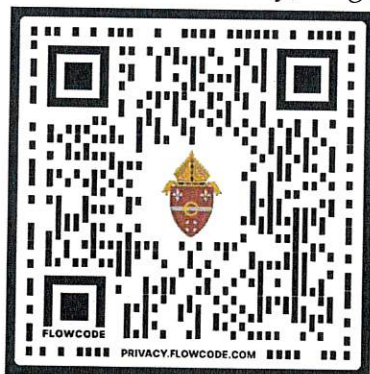
Code of Conduct, English



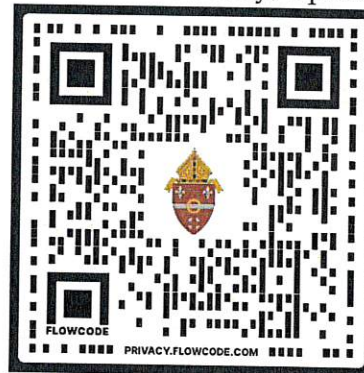
Code of Conduct, Spanish



Sexual Abuse Policy, English



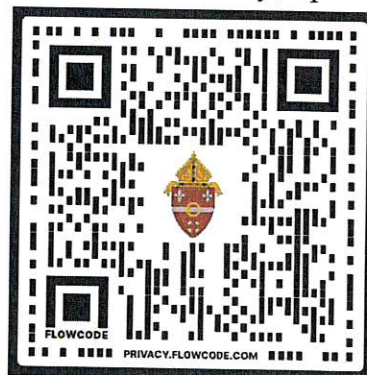
Sexual Abuse Policy, Spanish



Social Media Policy, English



Social Media Policy, Spanish



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ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING 2022 CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown 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 responsibility to 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 Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity 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/Employee/Volunteer

Location

Printed Name

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ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
2022 POLICIES AND 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 discretion.

I further acknowledge and certify that it is my responsibility to 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 Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to 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/Employee/Volunteer

Location

Printed Name

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Attachment 2

**DIOCESE OF ALLENTOWN POLICIES FOR CREATING AND ADMINISTERING CHURCH WEBSITES AND
SOCIAL MEDIA ACCOUNTS**

ACKNOWLEDGMENT AND CONSENT FORM

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

By signing 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 *Policies for 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 any violation 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, shall have or assert any ownership rights in any such websites or Social Media accounts, regardless of the name or contact information 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 and to 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 on behalf of, the Diocese or its parishes, schools, or ministries.

I hereby irrevocably consent to giving the Diocese full access to and control of any and all 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/Employee/Volunteer

Location

Printed Name

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Revised 1/31/2024



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**ACKNOWLEDGMENT/CERTIFICATION DIOCESE 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 Allentown 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 responsibility to 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, as well as my responsibility to 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 contact in the event that I have any future questions or concerns in this regard.

Date

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Location

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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://www.virtusonline.org/virtus/>
2. Select the **"First-Time Registrant"** 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 **"No"** if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all *items. Do not select **"No Email,"** you must have an email address to do the virtual training.
8. 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
9. Select **"Yes"** if you are associated with any other diocesan locations, **"No"** if you are not.
10. Please answer the four questions on the next page, by selecting **"Yes"** or **"No"**
11. 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. On the next page **Select "Online Training" or "Online Spanish Training,"** then click the **"Continue Button"**
13. Have you already attended a VIRTUS Protecting God's Children Session? select **"Yes" or "No"**
14. If you selected **"No"** please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on **You have 1 online module assigned**, to start your training.
16. Thank you for registering for Virtus Online.
17. 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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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.

Please complete one of the trainings below:

1. Pa Family Support Alliance website: <https://pafsa.org/>

- a. Click on "Trainings & Programs" at the top of the page
- b. Select "Mandated Reporter Training"
- c. Scroll down the page until you see
"Upcoming Virtual Sessions at no cost"
- d. Look for Virtual Sessions in (month), (click here)
- d. Select a date and time that works for you
- e. Fill in all the required boxes marked with * (an asterisk)
- f. Select "Register"
- g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
- h. 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.

2. University of Pittsburgh's website:

<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>

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

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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**
 - 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 or you may fax or mail the form to the appropriate 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 Principal, 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 report is made in good faith.

**The Diocese of Allentown urges any questions
about the interpretation of the law be resolved in favor of reporting.**

Flow Chart for Mandated Reporters



Call 911 if the child is in imminent danger.

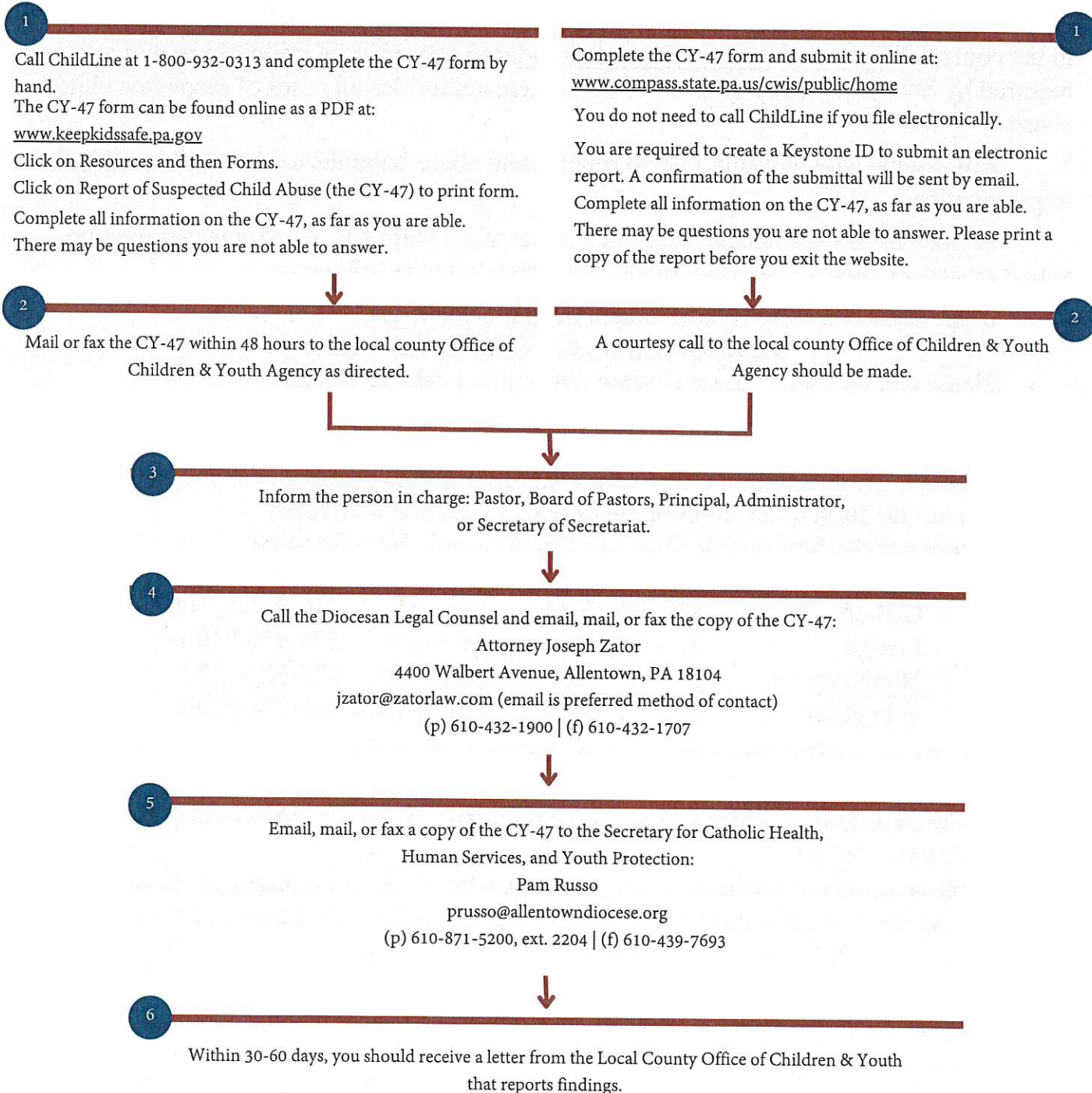
Please choose either option A or B before making a report. Note that you should not call ChildLine (option A) if you intend to submit the CY-47 form online (option B). Calling and submitting the form online would constitute duplicate reports. Keep copies of all your correspondence and a record of whom you spoke to. Contact Pam Russo, Secretary for Catholic Health, Human Services, and Youth Protection, with any questions about the reporting process at 610-871-5200, ext. 2204 or at prusso@allentowndiocese.org.

Option A

Call ChildLine and complete the CY-47 form by hand.

Option B

Submit the CY-47 form online.



Keep a copy of the letter. Send the original to Diocesan Legal Counsel, and send a copy to the Secretary for Catholic Health, Human Services, and Youth Protection.



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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.
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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 SERVICE LAW POLICY.

I HAVE REVIEWED THE CHILD PROTECTIVE SERVICES LAW POLICY AND UNDERSTAND ITS CONTENTS, AND THE PROCESS THAT I MUST COMPLETE IF I HAVE 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 HAS ISSUED THE CHILD PROTECTIVE SERVICES LAW POLICY FOR INFORMATIONAL 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 THE DIOCESE. THE DIOCESE OF ALLENTOWN MAY PERIODICALLY REVIEW THE CHILD PROTECTIVE SERVICES LAW POLICY, 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 IN MY PERSONNEL OR VOLUNTEER FILE.

(DATE)

(SIGNATURE OF EMPLOYEE/VOLUNTEER)

(PLEASE PRINT NAME)

(DIOCESAN LOCATION)

(CITY)

DIOCESE OF ALLENTOWN CODES OF CONDUCT

The following *Codes of Conduct* are intended to provide a framework of expectations for the behavior of all persons involved in any CYO event. CYO activities should be examples of the meaning of sportsmanship and Christian values. The guiding principle behind the enforcement of these codes of conduct is that the behavior of everyone involved in CYO should contribute to the positive environment for all of the youth participants.

All spectators, parents and family members, coaches and players/participants are expected to conduct themselves according to CYO standards of behavior. The codes of conduct serve as a behavioral guideline for all to follow, and appropriate consequences will follow violations of these codes of conduct. Key elements of the player, parent, coaches, and spectator codes of conduct are found on the following pages. Each coach, player/participant and parent/guardian will be presented with a CYO Athletics Code of Conduct at the beginning of their athletic/academic season. All parties are required to sign the document and return it to their CYO Director or coach, as appropriate, who will keep it on record for the athletic year.

Coaches Code of Conduct

With Almighty God as my witness, I hereby pledge to abide by the following Contract/Covenant:

- ❖ I will remember that I am a role model as a Christian and a good citizen for my participants, and as such I will always conduct myself in a mature manner, exercise good sportsmanship and always play by the rules in spirit and in word.
- ❖ I will foster an environment where all children will be given the ability to play and develop skills. I will do all in my power to discourage a “win at all costs” attitude.
- ❖ I will treat each participant as an individual, remembering the potential difference in emotional and physical development for the same age group.
- ❖ I will strive to remove all avoidable perils of competition by the application of intelligent and thoughtful cooperation with other coaches, officials, participants and spectators.
- ❖ I will lead by example in demonstrating fair play and sportsmanship to all my participants.
- ❖ I will do my best to organize practices that are fun and challenging for all my participants.
- ❖ I will ensure that I am knowledgeable in the rules of each activity I coach, and I will teach these rules to my participants.
- ❖ I will use those coaching techniques appropriate for each of the skills I teach.
- ❖ I will remember that I am a youth coach and that the activity is for the children and not adults.
- ❖ I promise to review and practice the necessary first aid principles needed to treat injuries to my participants.
- ❖ I will not question any official’s decision. I will direct all my concerns to the District Commissioner.
- ❖ I will refrain from using profane, obscene or vulgar language at all times.
- ❖ I will not foster nor tolerate my participants using unnecessary and unChristian tactics against opposing participants **or own teammates**. I will uphold the spirit of Christian sportsmanship. I will not look for loopholes in rules and ways to exploit such in word, deed or omission.
- ❖ I will reinforce and encourage a Christian environment and experience not only by my conduct, but by instructing parents and spectators about proper conduct when needed, and to support all official actions against disruptive and/or inappropriate behavior.
- ❖ I will use the activity for the welfare and character building of all participants, not for my own personal gain or satisfaction.
- ❖ I will not be guilty of personal verbal abuse or physical attack upon any participant, opposing coach, official or spectator for any real or imagined wrong decision or judgment.
- ❖ I will keep my personal opinions of any participant, coach, official or spectator out of public discussion during the activity. In an attempt to maintain and foster a Christian environment after said game. I will refrain from said comments immediately after the game. I understand that I am free to express my personal comments, opinions etc. at appropriate times and places.
- ❖ I will not be guilty of gestures indicating objection to decisions by officials or coaches such as throwing equipment or any other forceful action. Furthermore, I will not tolerate said behavior among my participants, assistant coaches and fans.
- ❖ I will respect the property of another team and the facility being used for the activity.

Violation of the Code may result in a minimum penalty of removal from a game or a maximum penalty of an indefinite suspension from all Diocesan CYO Programs. Suspension from any program within the Diocese will also result in simultaneous suspension from all Diocesan Youth Programs. A temporary suspension may be imposed upon a coach for egregious violations while the matter is justly investigated. Violations are subject to review OYYAM.

Coach’s Printed Name and Signature

Date

Participants' Code of Conduct

With Almighty God as my witness, I promise to adhere by the following Contract/Covenant:

1. I will encourage good sportsmanship from my fellow players, coaches, officials and parents at every game, scrimmage and practice.
2. I will always participate in a positive manner, reflecting Christian values.
3. I will always treat teammates, opponents, coaches, officials and parents with respect and will expect to be treated accordingly.

NO PLAYER SHALL:

1. Refuse to abide by an official's decision.
2. Be guilty of gestures indicating his/her objections to decision by officials or coaches, etc., such as throwing equipment.
3. Be guilty of inflicting any abuse upon any official for any real or imaginary wrong decision or judgment.
4. Be guilty of an abusive verbal attack upon any player, coach, official, or spectator.
5. At any time lay hands upon, push, shove, strike, or threaten to strike an official, coach, or spectator.
6. Be guilty of a physical attack as an aggressor upon any player.
7. Show disrespect for the property of another team or the facility being used for the contest by activities such as vandalism or destruction of property.

Penalties: Within 2 consecutive calendar years:

1st offense	3 game suspension
2nd offense	10 game suspension
3rd offense	dismissal from CYO program

Note: Games that are scheduled but not played due to weather or other circumstances do not fulfill the suspension.

Violation of the above conduct rules should be reported in writing to the Diocesan CYO District Commissioner within 48 hours. Investigation and discussion of violation will occur, penalty determined and then approved by the District Priest Chaplain. If a penalty is levied, OYYAM must be informed, in writing, within one week of the decision.

Districts must abide by these minimum standards. They are free to have District regulations, which may be more restrictive.

Participant's Name and Signature

Date

Parental/Guardian Name and Signature

Date

Spectators' Code of Conduct

With Almighty God as my witness, I promise to adhere by the following Rules and Guidelines:

Before the Game:

1. Make a commitment to Honor the Game in action and language no matter what others may do.
2. Tell your child before each game that you are proud of him or her regardless of how well he or she plays.

During the Game:

1. Fill children's "Emotional Tank" through praise and positive recognition so they can play their best.
2. Don't give instructions to players during the game. Let the coach correct player mistakes.
3. Cheer good plays by both teams.
4. Mention good calls by the official to other parents/spectators.
5. If an official makes a "bad" call against your team? Honor the Game. BE SILENT.
6. If another parent on your team yells at an official? Gently remind him or her to Honor the Game.
7. Don't do anything in the heat of the moment that you will regret after the game. Ask yourself, "Will this embarrass my child or the team?"
8. Remember to have fun! Enjoy the game.

After the Game:

1. Thank the officials for doing a difficult job for little or no pay.
2. Thank the officials for their commitment and effort.
3. Don't give advice. Instead ask your child what he or she thought about the game and then LISTEN. Listening fills Emotional Tanks.
4. Tell your child again that you are proud of him or her, whether the team won or lost.

Failure to abide by these rules and guidelines will result in corrective action by the Diocese, which may include a warning, be asked to leave the facility or suspension from further games.

Used with permission from the Positive Coaching Alliance, Stanford University.
<http://www.positivecoach.org/>

Parents' CYO Sports Pledge

I/We, the undersigned, am/are registering my/our son/daughter in a Catholic athletic program, which will emphasize Christian values during practice and games. Although my/our child's team will practice hard and play their games to the best of their ability, faith in Jesus Christ - not just winning - will be the most important goal of the season.

I/We realize that my/our child is to behave in a Christian manner throughout the season, and that family and friends who come to his/her games are also to act in a manner appropriate for a program dedicated to living the faith we profess. Any violation will result in removal from the event, and/or refused admittance to CYO-sponsored events. A spectator is understood to mean anyone in attendance at an event, including parents, family members, and/or friends. Any spectator who displays poor sportsmanship, or interferes with the conduct of a CYO event may be removed from the event by an official/referee, their team coach, a host-site gym supervisor, a CYO District Commissioner or Administrative Official. In such situations, it is the discretion of the CYO District Commissioner, following discussion with OYYAM, as to whether a spectator will be barred from attendance at subsequent CYO events.

I/We also realize that my/our child will be expected to attend Sunday Mass weekly as well as Holy Days of Obligation and be enrolled in a Catholic School or attend the Parish Religious Education Program (including Youth Ministry Program). Realizing the profound influence my/our example has on our child(ren), I/we will attend Sunday Masses and Holy Days of Obligation as a strong witness of my/our faith.

I/We realize that inappropriate behavior on the part of my/our child, **or family members**, could result in my/our child's suspension from the team. (see Participants' and Spectators' Code of Conduct).

I/We pledge to do my/our part to witness to Christian values at home and at games, to support the coaches in their attempt to develop the team into a faith community, and to take seriously the faith dimension of the team's efforts.

Child's Name: _____

Parental/Guardian Name and Signature: _____

Date: _____

Parental/Guardian Name and Signature: _____

Date: _____



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: \$10.00 FEE (Driver history is not included)
☐ 3 YEAR DRIVER RECORD: \$10.00 FEE
☐ 10 YEAR DRIVER RECORD: \$10.00 FEE (Employment Purposes Only)

- ☐ FULL HISTORY: \$10.00 FEE
☐ CERTIFIED DRIVER RECORD: \$34.00 FEE
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$10.00 FEE
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$34.00 FEE

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

A REQUESTER INFORMATION NAME/COMPANY _____ ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____ SIGNATURE <u>X</u> _____ NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY _____ ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
C DRIVER INFORMATION NAME: LAST _____ FIRST _____ INITIAL _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____ DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ DRIVER NUMBER _____	D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)
E DRIVER RELEASE I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY <u>X</u> _____ SIGNATURE OF DRIVER DATE _____	I hereby Certify that _____ PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with 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 form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. <u>X</u> _____ SIGNATURE OF REQUESTER
F MICROFILM TYPE OF DOCUMENT _____ DATE OF VIOLATION _____ <small>(see list of available documents below)</small> Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 	NOTARIZATION SUBSCRIBED AND SWORN TO BEFORE ME: MONTH _____ DAY _____ YEAR _____ <u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH SIGN IN PRESENCE OF NOTARY

MESSANGER NO.

INSTRUCTIONS

1. To request your own record, complete Sections A & C only. Notarization is NOT required.
2. To request a record other than your own, complete Sections A, C, and D. Section E must contain the driver's signature if block B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. If requesting a microfilm copy of a document, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$10.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."
DO NOT SEND CASH. Attach your check or money order and send to:

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
P.O. BOX 68695
HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
1101 SOUTH FRONT STREET 3RD FLOOR
HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION Includes name, address, driver number, date of birth and class of license.

(\$10.00 fee)

3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.

(\$10.00 fee)

10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only.

(\$10.00 fee)

FULL HISTORY Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania.

(\$10.00 fee)

CERTIFIED RECORD Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the complete history of the driver on file in Pennsylvania certified by the Department.

(\$34.00 fee)

MICROFILM

DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.

(\$10.00 fee)

CERTIFIED COPY

OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.

(\$34.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

Visit us at www.dmv.pa.gov or call us at:

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at www.dmv.pa.gov and click on "Online Business Services" for more information.

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit drop off box located at: 2525 North 7th Street, Harrisburg, PA 17110. Free parking is available in the visitor's lot at front of the building.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- ☐ Individual 18 years or older residing in the facility where child care is occurring.
- ☐ Individual working for a Regulated Child Care Provider.
- ☐ Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- ☒ Volunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial):

Social Security Number (XXX-XX-XXXX):

Date of Birth (MM/DD/YYYY):

Daytime Phone Number (XXX-XXX-XXXX):

Home Mailing Address:

Include full street address, (Apt # or PO Box if applicable),

City, State and Zip Code

E-mail Address:

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____

Date: _____