



## ACKNOWLEDGEMENT

This is to acknowledge that I have received and reviewed a copy of the

\_\_\_ Policy Regarding Sexual Abuse of Minors revised 2013

\_\_\_ Standards of Behavior for Those Working with Minors

I understand that I am responsible to become familiar with the contents of the above documents. I agree to abide by and to conduct myself in complete accord with them.

(Please print clearly)

Name \_\_\_\_\_

Position \_\_\_\_\_

Agency, parish, institution \_\_\_\_\_

City \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Priests only:**

This form is to be completed, signed and returned to the Chancery by mail or fax (815-722-6602).