



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).