



**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 **PARISH VOLUNTEER** REQUIREMENTS CHECKLIST**

**All Parish Volunteers **who do not have any contact** with children must have the following:**

- ☐ **1. Signed Acknowledgment form for 2022 Diocese of Allentown Sexual Abuse Policy** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- ☐ **2. Signed Acknowledgment form for 2022 Diocese of Allentown Code of Conduct** which can be reviewed at: <http://www.allentowndiocese.org/the-diocese/youth-protection/>
- ☐ **3. 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/>
- ☐ **4. Protecting God's Children attendance certificate**, only needs to be done once, please see attached directions. Print certificate of completion (**Recommended, but not required**)
- ☐ **5. 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

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102



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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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**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.

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Date

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Signature of Clergy/Religious/Employee/Volunteer

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Location

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Printed Name

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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

\_\_\_\_\_  
Signature of Clergy/Religious/Employee/Volunteer

\_\_\_\_\_  
Location

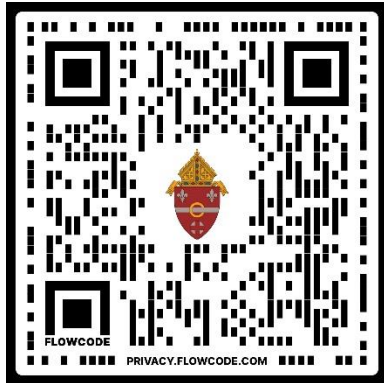
\_\_\_\_\_  
Printed Name

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ALLENTOWN, PENNSYLVANIA 18102

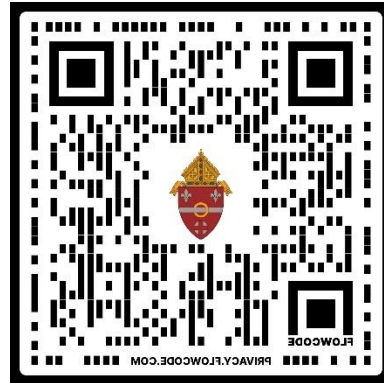


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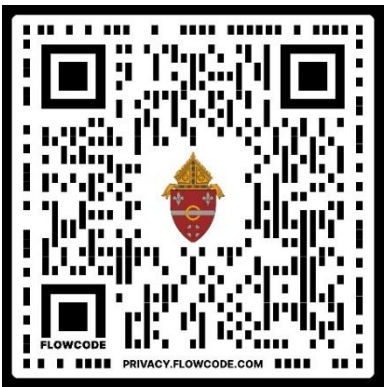
Code of Conduct, English



Code of Conduct, Spanish



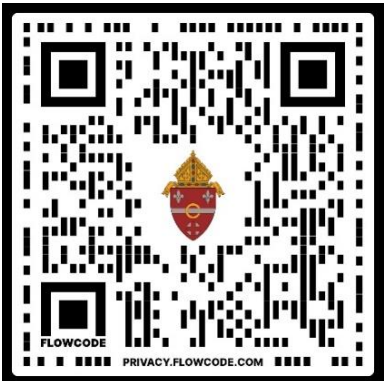
Sexual Abuse Policy, English



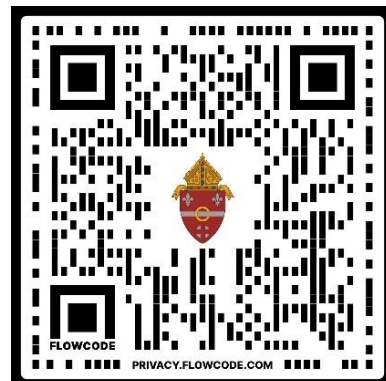
Sexual Abuse Policy, Spanish



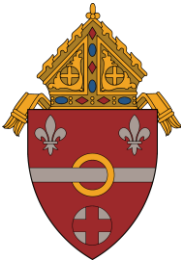
Social Media Policy, English



Social Media Policy, Spanish



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**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 print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history. 
18. The following roles will be assigned monthly online readings on the Virtus website:

Priests	Deacons	Seminarians	Principals	K of C with Squire Programs
DRE/CRE	LSEC	Coaches	Youth Ministers	Prep/CCD Teachers
Employees	Teachers			

**\*Attention Drivers: Please remember to fill out parts C and E ONLY!**

DL-503 (8-08)

## REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK**

**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: \$5.00 FEE (Driver history is not included)  
☐ 3 YEAR DRIVER RECORD: \$5.00 FEE  
☐ 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes Only)

- ☐ CERTIFIED DRIVER RECORD: \$10.00 FEE  
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE  
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S Web site at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
NAME/COMPANY Diocese of Allentown	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> 1515 Martin Luther King Jr. Dr.	ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small>
CITY STATE ZIP CODE Allentown PA 18102	CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED) 610-871-5200	DAYTIME TELEPHONE NUMBER (REQUIRED)
RELATIONSHIP TO DRIVER (REQUIRED) Volunteer Organization	RELATIONSHIP TO DRIVER (REQUIRED)
<b>D AFFIDAVIT OF INTENDED USE</b> 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 (In connection with a credit transaction involving the driver.) <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.)	
SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD <b>C DRIVER INFORMATION</b> NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH MONTH DAY YEAR DRIVER NUMBER	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. X _____ SIGNATURE OF REQUESTER Title _____
<b>E DRIVER RELEASE</b> 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 X _____ SIGNATURE OF DRIVER DATE	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 5px; margin-right: 5px;">NOTARIZATION</div> <div style="border: 1px solid black; padding: 10px; flex-grow: 1;"> <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 5px;">S E A L</div> <div style="text-align: center;">           SIGN IN PRESENCE OF NOTARY         </div> </div> </div> </div>
<b>F MICROFILM</b> TYPE OF DOCUMENT DATE OF VIOLATION (see list of available documents below) <b>Documents Available:</b> • Citations • Suspension Credit Affidavits • Court Certifications • Suspension/Revocation Letters • Applications • Restoration Letters • License Renewals • Rescind Letters • Judgments • Department Hearing or Exam Notice	
SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X _____ SIGNATURE OF PERSON ADMINISTERING OATH	
MESSENGER NO.	