



## **INSTRUCTIONS: New Employees / Volunteers**

On or before you begin service, you must complete a background check, read several policies, complete Virtus Safe Environment training and any additional trainings assigned by your supervisor.

### **I. Background Check**

- a. ALL EMPLOYEES/VOLUNTEERS must complete a Criminal History Check before beginning service.
  - i. Complete and sign the attached State of Iowa Criminal History Check form including Sections 1 and 2 of the Authorization for Release of Child and Dependent Adult Abuse form and the Verification Form (must include at least 8 years of previous addresses).
  - ii. Return the completed forms to your supervisor, or return to Tessa Petsche in the Holy Family Central Office at 2005 Kane Street for processing.

### **II. The following policies are required reading:**

- a. Go to [www.dbqarch.org/offices/protection-of-children](http://www.dbqarch.org/offices/protection-of-children)
  - i. Read: Policy for Protection of Minors
  - ii. Read: Archdiocese of Dubuque Standards of Conduct
  - iii. Read: Archdiocese of Dubuque Sexual Misconduct Policy

### **III. Virtus Training**

- a. ALL EMPLOYEES/VOLUNTEERS must complete Virtus training within 30 days of starting and there can be no unsupervised contact with minors until training is complete.
  - i. Go to [www.virtus.org](http://www.virtus.org). Click on First-Time Registrant, click on Begin the Registration Process. Select organization of Dubuque, IA (Archdiocese). Create user ID and password. Select the primary location where you will work or volunteer and complete questions and instructions as directed.
    1. You will complete the Protecting God's Children for Adults (Online Training).
    2. The training is a pop-up slide show. You may need to adjust your browser settings to allow pop-ups for the training site.
  - ii. Once complete, print your Certificate of Completion and provide a copy of the certificate to your supervisor, or return to Tessa Petsche in the Holy Family Central Office located at 2005 Kane St. You can also email your certificate to [tpetsche@holyfamilydbq.org](mailto:tpetsche@holyfamilydbq.org).

\*\*Additional trainings may be assigned by your supervisor.



# STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: 4044-C  
(if applicable)

**To: Iowa Division of Criminal Investigation  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 Fax**

**From: Archdiocese of Dubuque HR  
1229 Mt. Loretta  
Dubuque, IA 52003**

**Phone: 563-556-2580**  
**Fax: 563-556-2872**

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

***Waiver Information:*** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

***Waiver Release:*** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

***Waiver Signature:*** \_\_\_\_\_

<b><u>Iowa Criminal History Record Check Results</u></b>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

### **Waiver Information:**

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

### **General Information:**

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment*** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.



### Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry
- Dependent Adult Abuse Registry
- Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address
- Fax
- Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last Osterhaus	First Lynn	Agency Name Archdiocese of Dubuque	Telephone Number ( 563 ) 556-2580
Address 1229 Mt. Loretta			Fax Number ( 563 ) 556-2872
City Dubuque	State IA	Zip Code 52003	Email DBQCHR@dbqarch.org
List the name and address of the person whose information is being requested:			
Name (last, first, middle)		Birth Date	Social Security Number
Address	City	County	State      Zip Code
List maiden name, previous married names, and any alias:			
What is the purpose of your request for child or dependent adult abuse information?			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requestor Lynn Osterhaus, Director of Human Resources			Date

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



Archdiocese of Dubuque

VERIFICATION FORM for New Employees and Volunteers

New Employee / Volunteer Complete this section:

Current Address:

Street / City / State / Zip: \_\_\_\_\_ How long: \_\_\_\_\_

Previous Addresses (for total of 8 years):

Street / City / State / Zip: \_\_\_\_\_ How long: \_\_\_\_\_

Street / City / State / Zip: \_\_\_\_\_ How long: \_\_\_\_\_

Street / City / State / Zip: \_\_\_\_\_ How long: \_\_\_\_\_

Street / City / State / Zip: \_\_\_\_\_ How long: \_\_\_\_\_

By signing below, I verify that:

- 1. I have completed the Background Check Packet, which includes this Verification Form
2. I will complete Virtus training on or before beginning service with the Archdiocese of Dubuque, but in any case within 30 days of starting and I will not have unsupervised contact with minors until training is completed.
3. I have/will read and understand the Policy for Protection of Minors
4. I have/will read and understand the Archdiocese of Dubuque Standards of Conduct Policy
5. I have/will read and understand the Archdiocese of Dubuque Sexual Misconduct Policy

Signature (required)

Print Name

Date

Archdiocesan Parish/School Office to Complete this section:

Parish/School/Institution FirstClass ID: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person (Usually the name of the person completing this section):

Name (Print) \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check the category that reflects the primary role for which the employee/volunteer listed above has been hired or volunteered for. (Check only one box):

\_\_\_ Priest

\_\_\_ Deacon

\_\_\_ Candidate for Ordination - Seminarians, candidates for seminary, and candidates for the diaconate.

\_\_\_ Educators - School Principals, Administrators, Teachers (certified) and Counselors

\_\_\_ Diocesan Employees - other than priests, deacons or educators

\_\_\_ Parish / School Employees - other than Educators

\_\_\_ Volunteer

In one or two words, what best describes this employee/volunteer's role (example: cook, bus driver, coach, teacher, catechist, etc.): \_\_\_\_\_

SEND TO:

Archdiocese of Dubuque HR Office, by scan/email to DBQCHR@dbqarch.org or fax to 563-556-5464 or mail to: Archdiocese of Dubuque HR, 1229 Mt. Loretta, Dubuque, IA 52003. You will be invoiced for the \$15.00 cost bi-annually, April 1 or October 1st by the Finance office.