

ACKNOWLEDGMENT OF RECEIPT OF THE CODE OF PROFESSIONAL CONDUCT

I have been given a copy of the Code of Professional Conduct and the Eparchial Policy on Sexual Abuse and Misconduct. I have read this Code of Professional Conduct, understand its meaning and agree to conduct myself in accordance with its terms.

I understand that as an employee or volunteer working with youth, I am subject to a thorough background check including social security identification, national criminal file history, and state sexual offender registries. I understand that any action inconsistent with this Code of Professional Conduct or failure to take action mandated by this Code of Professional Conduct may result in my removal as an employee or volunteer.

Employee/Volunteer's Printed Name

Employee/Volunteer's Signature

Date

Parish/Institution/Agency