

DIOCESE OF CHARLESTON
APPLICATION FOR EMPLOYMENT

Location: _____
(Diocese of Charleston or name of School or Parish)

Date: _____

The Diocese of Charleston is an **EQUAL OPPORTUNITY EMPLOYER** and does not discriminate based on race, color, sex, age, national origin, disability as defined by the Americans With Disabilities Act or status as a Vietnam Era veteran. While there are some positions for which being a practicing Catholic is a bona fide occupational qualification, the Diocese does not illegally discriminate on the basis of religion.

I. PERSONAL INFORMATION

Name: _____
Last First MI Social Security Number (Last 4 Digits)

Address: _____
Number & Street City State Zip Code

Home Phone: _____ Are you under 18 yrs of age? _____

Cell Phone: _____ Email address: _____

Previous Addresses and Dates of Residence (If at present less than seven years):

Have you EVER resided in any other states or territories within the United States other than those listed above? *Please circle one:* Yes No

If yes, please list those states or territories: _____

Please list any other names, including maiden names, names by previous marriages, "nicknames", aliases, etc., by which you have ever been known:

Have you ever applied to the Diocese of Charleston for a job? *Please circle one:* Yes No

If yes, what job and when: _____

Do you have any relatives employed by the Diocese of Charleston or any of its parishes or schools?: _____ If yes, provide details? _____

Position desired: _____ Salary Desired: \$ _____ Hourly/Annually

Status Desired: Full Time Part time PRN Earliest Start Date: _____

How did you hear about the position? *Please check one:*

☐ Diocese of Charleston website
 ☐ Church bulletin
 ☐ Catholicjobs.com
☐ Newspaper, if so, name: _____
 ☐ Other, specify _____

II. EDUCATION				
Name	Address	Major	Graduated	If yes, degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Tech/BusSch			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently in school? _____ If yes, where? _____

CERTIFICATIONS HELD: _____

Date	State	Type
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Other professional training and/or workshops attended

Special awards and recognitions

III. EMPLOYMENT HISTORY

INSTRUCTIONS: Starting with your current employment, list in reverse order your past employment. Please note any extended periods of non-employment. (more than six (6) months).

1) Employed By: _____ Phone _____

Address: _____

City, State, Zip: _____

Position(s) Held: _____ Hours Worked/Week _____

From:(Mo./Yr.) _____ To:(Mo./Yr.) _____

Supervisor's name & title: _____

Description of job/responsibilities: _____

Reason(s) for leaving: _____ Salary: _____

2) Employed By: _____ Phone: _____

Address: _____

City, State, Zip: _____

Position(s) Held: _____ Hours Worked/Week _____

From:(Mo./Yr.) _____ To:(Mo./Yr.) _____

Supervisor's name & title: _____

Description of job/responsibilities: _____

Reason(s) for leaving: _____ Salary: _____

3) Employed By: _____ Phone _____

Address: _____

City, State, Zip: _____

Position(s) Held: _____ Hours Worked/Week _____

From:(Mo./Yr.) _____ To:(Mo./Yr.) _____

Supervisor's name & title: _____

Description of job/responsibilities: _____

Reason(s) for leaving: _____ Salary: _____

4) Employed By: _____ Phone: _____

Address: _____

City, State, Zip: _____

Position(s) Held: _____ Hours Worked/Week _____

From:(Mo./Yr.) _____ To:(Mo./Yr.) _____

Supervisor's name & title: _____

Description of job/responsibilities: _____

Reason(s) for leaving: _____ Salary: _____

If additional space is needed, please request additional pages, or attach additional history using the format above.

5) Please identify and explain periods of non-employment (more than six (6) months):

IV. SPECIAL SKILLS

Do you speak any foreign languages? If yes, are you fluent in speech and writing?

List any computer skills including software experience: _____

List any relevant accomplishments, qualifications and/or volunteer experience: _____

Why are you interested in working for the Diocese of Charleston? _____

V. REFERENCES

Please provide a minimum of three professional references.

Name	Company/ City, State	Telephone (indicate if home/work/cell phone)	Alternative number

VI. MISCELLANEOUS

Have you ever been convicted of or pled guilty or no contest to a crime (felony or misdemeanor) other than a minor traffic violation? _____ If yes, please explain in detail and give disposition of case (a yes response does not necessarily mean applicant will not be considered for hire): _____

Has a civil complaint (including internal complaints given to management or supervisors at places of employment) or a criminal complaint ever been filed against you which alleged physical or sexual abuse, neglect, or misconduct by you or your participation or

facilitation of such activities? _____ If yes, please explain in detail and give disposition of case (a yes response does not necessarily mean applicant will not be considered for hire): _____

PLEASE READ CAREFULLY AND SIGN

I hereby certify that to the best of my knowledge the information presented in this application is true and complete. My permission is given for contact to be made for references with employers listed herein, except where specifically indicated to the contrary. I also understand that employment is contingent upon a thorough reference and background screen by an outside professional screening company named by the Diocese of Charleston. I further understand that an offer of employment shall not be conditionally or formally extended unless I agree to this background screen by signing an employment inquiry release.

I also understand that if hired, neither this application nor any related policies, procedures, or practices of the employer shall create an implied or explicit contract for employment or promise of continued employment. Employment in the Diocese of Charleston is "at will" or voluntary by the employer and employee. This means employment may be terminated by either party at any time with or without notice or reason. The only exceptions to the employment at will arrangement are those limited situations in which professional educators have written annual contracts that are approved by the Diocesan Office of Finance and Diocesan Office of Education.

I understand that any misrepresentation or falsification can be grounds for refusal of employment. I further understand that if employed, any false statements or misrepresentations contained herein or in conjunction with the application process may be cause for dismissal.

Please check one: You may make contact with my present employer
 You may not make contact with my present employer
 I am not employed at this time

Signature

Date

08/98
10/98
02/03
07/05
09/07
10/11

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and enter the total here **3** \$ _____

Step 4
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$ _____

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers
Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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1350

dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

**SOUTH CAROLINA EMPLOYEE'S
WITHHOLDING ALLOWANCE CERTIFICATE**

SC W-4(Rev. 9/23/20)
3527**2021**

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

Part I: Employee Information

1 First name and middle initial		Last name		2 Social Security Number	
Address				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. If Married filing separately, check Married, but withhold at higher Single rate.	
City	State	ZIP	4 Check if your last name is different on your Social Security card. <input type="checkbox"/> For a replacement card, contact the Social Security Admin at 1-800-772-1213.		
5 Total number of allowances (from the applicable worksheet on page 3)				5	
6 Additional amount, if any, to withhold from each paycheck				6	\$
7 I claim exemption from withholding for 2021. Check the box for the exemption reason and write Exempt on line 7. <input type="checkbox"/> For tax year 2020, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2021 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability. <input type="checkbox"/> I elect to use the same state of residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement (LES). State of domicile:				7	

Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.

Employee's signature (required)**Date****Part II: Employer Information**

Complete box 8 and box 10 if sending to the SCDOR. Complete box 8, box 9, and box 10 if sending to the State Directory of New Hires.

8 Employer's name and address	9 First date of employment	10 Employer identification number (EIN)
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INSTRUCTIONS**Employee instructions**

Complete the SC W-4 so your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Determine the number of withholding allowances you should claim for withholding for 2021 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Consider completing a new SC W-4 each year and when your personal or financial situation changes. This keeps your withholding accurate and helps you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit dor.sc.gov/withholding.

Exemptions: You may claim exemption from South Carolina withholding for 2021 for one of the following reasons:

- For tax year 2020, you had a right to a refund of **all** South Carolina Income Tax withheld because you had **no** tax liability, **and** for tax year 2021 you expect a refund of **all** South Carolina Income Tax withheld because you expect to have **no** tax liability.
- Under the Servicemembers Civil Relief Act, you are claiming the same state of residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). Your military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.

If you are exempt, complete **only** line 1 through line 4 and line 7. Check the box for the reason you are claiming an exemption and write **Exempt** on line 7. Your exemption for 2021 expires February 15, 2022. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.

Filers with multiple jobs or working spouses: You will need to file an SC W-4 for each employer. If you have more than one job, or if you are married filing jointly and your spouse is also working, you may want to consider only claiming allowances on the SC W-4 for the highest earning job and/or adding additional withholding on line 6 to ensure you are having enough withheld.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document	
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)	
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security	
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**DIOCESE OF CHARLESTON
BACKGROUND SCREENING
BASIC DATA FORM**

Forms must be completed in their entirety to be processed.

For OCPS use: Tracking #: _____

Parish/School/Office Location: _____

Submitted by: _____

Name: _____ Date: _____
First Middle Last

Maiden Name or Alias

(Race)

(Sex)

Permanent Street Address: _____
Street City State Zip Code

Mailing Address if different from above:

P.O. Box

City

State

Zip Code

Home Telephone #: _____ Alternate #: _____

Date of Birth: _____ Social Security #: _____ email : _____

Driver's License #: _____ State of Issue: _____

Are you currently **employed by or applying for employment** with a diocesan school/parish/office? ____ Yes ____ No

What is the title of the position for which you are currently employed or are applying? _____

What are the job responsibilities of the position for which you are currently employed or are applying for (please be specific in your details)?

Are you currently **volunteering or applying to volunteer** with a diocesan school/parish/office? ____ Yes ____ No

What is the title of the position for which you are currently volunteering or applying to volunteer?

What are the job responsibilities of the position for which you are currently volunteering or are applying to volunteer for (please be specific in your details)?

CRIMINAL HISTORY: A Criminal Background Check and a DSS Sex Offender Registry Check is mandatory and will be performed on every individual submitting these forms. Number of years/months you have lived in South Carolina: Years: _____ Months: _____

Please provide any previous addresses in which you have resided for the past five (5) years:

Please note: A Driver's History Report or a check of your Credit History will be processed only if driving or handling money is part of your duties. If so, you must complete the appropriate attached form.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Catholic Diocese of Charleston ("the Company") may obtain information about you from a third party consumer reporting agency for employment or volunteer purposes. This information may be obtained in the form of a "consumer report" and/or an "investigative consumer report" (commonly known as a "background report"). These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), credit history*, verification of your education or employment history, or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about your character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that you have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.)

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report obtained with regard to applicants for employment or volunteer status is an investigation conducted by Reference Services, Inc. (RSI). RSI is located and can be contacted by mail at 101 Plaza East Blvd, Suite 300, Evansville, IN 47715, and RSI can be contacted by phone at (800)881-0754. Information about RSI's privacy policy is available at the following link: <http://www.referenceservices.com/wp-content/uploads/2013/09/RSI-Consumer-Information-Privacy-Policy.pdf>. The scope of this notice and authorization is all-encompassing and allows the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment or your volunteer/contract period to the extent permitted by law.

Signature: _____ Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled "Disclosure Regarding Background Investigation" and "A Summary of Your Rights under the Fair Credit Reporting Act" and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, or status as a volunteer or Advisor, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Reference Services, Inc. [101 Plaza East Blvd, Suite 300, Evansville, IN 47715, (800)881-0754, www.referenceservices.com] and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only:

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants only:

Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Other Names/Aliases Used _____

Social Security Number* _____ Date of Birth* _____

Driver's License Number _____ State of Driver's License _____

Current Address – City, State, Zip _____

Previous Address - City, State Zip _____

Previous Address - City, State Zip _____

Phone Number _____ Email Address _____

Signature _____ Date _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

**DIOCESE OF CHARLESTON
EMPLOYEE/VOLUNTEER DRIVER APPLICATION FORM**

Parish/School/Office Name: _____

The volunteer or employment position for which I am applying:

Requires the operation of a motor vehicle with children as passengers: ____ Yes ____ No

Requires the operation of a motor vehicle without children as passengers: ____ Yes ____ No

An applicant will be restricted from operating a motor vehicle with children as passengers if the applicant has:

- two (2) or more moving violations within the past three (3) years - If only one (1) moving violation within the past three (3) years is discovered, you will be contacted to complete an online safe driving course before being cleared to drive
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

An applicant will be restricted from operating a motor vehicle as part of their job responsibilities if the applicant has:

- three (3) or more moving violations within the past five (5) years
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

If you do not meet the above criteria for driving, we encourage you to volunteer in one of our many other areas of need and reapply when your driving record meets these standards. If your job responsibilities require driving and you do not meet the criteria, please make your supervisor aware of this situation immediately. Please note: if as an employee or volunteer you are cleared to drive as part of your responsibilities and receive a moving violation at any time, you are required to report that information to the Diocesan Safe Environment Manager immediately.

Name of Driver: _____ SS#: _____

Address: _____

Drivers License #: _____ (Please attach a copy of your license) State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$100,000/\$300,000 required) **PLEASE ATTACH COPY OF PROOF OF INSURANCE**

Please be aware the driver's insurance is primary in any incident requiring a claim to be made.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Diocesan ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle I operate. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date

Form #: 2011-02

Revised: 02.09.12

11.09.16

**DIOCESE OF CHARLESTON
CREDIT AUTHORIZATION FORM**

Parish/School/Office Name: _____

CREDIT HISTORY: Please note. A **yes** response will result in a credit history check.

1. Do you now or will your duties as an employee, include access to funds and/or financial decisions for a diocesan office, school and/or parish? ____ Yes. ____ No.

If yes, please explain: _____

2. Do you now or will your duties as a volunteer, include access to funds and/or financial decisions for a diocesan office, school and/or parish? ____ Yes. ____ No.

If yes, please explain: _____

If you answered yes to either of the above listed questions, please provide the requested information below and submit this form, along with the Basic Data Form and Department of Social Services Form to the Safe Environment Coordinator at your parish/school or the HR official handling your employment.

Social Security Number: _____ DOB: _____

Please print name

Address

Signature _____

Date: _____

For use by the Safe Environment Coordinator/Pastor/Principal/HR official only

☐ I authorized a credit check to be performed on this individual whose job/volunteer responsibilities include access to funds and /or the making of financial decisions.

Safe Environment Coordinator, Pastor, Principal, HR official name: _____

Signature: _____

Date: _____

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

● **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

● **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

● **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5678688.

● **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314

3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center — FCRA Washington, DC 20580 (877) 382-4357

Diocese of Charleston



Safe Haven—It's Up to You

Safe Environment Instructions:

1. Go to <http://charleston.CMGconnect.org> to complete your new online safe environment curriculum.
2. Create a new account by completing all the boxes. This includes address, primary parish, and how you participate at your parish or school.
3. Start the *Safe Haven—It's Up to You* training curriculum.
4. Download and print your certificate upon completion or, email it directly from the site to the office or school you are associated with.

CMG CONNECT [Home](#) [FAQ](#) [Help](#)

Already have an account? You don't need to sign up for a new one. Sign in Here.

Welcome to CMG Connect

The Diocese of Charleston training site

This new application will help walk you through training assignments for your registration.

If you are not a Diocese of Charleston member, you will not be able to access this site. If you are a member, please click the Sign In link on the right side of the page.

If you choose to log in as a guest, you will be asked to provide an email address.

Account: [dropdown] | Email: [dropdown] | Affiliation: [dropdown] | Page: 1 of 3

First name: [text] Middle name: [text] Last name: [text]

* Username: [text]

* Password: [text] * Password confirmation: [text]

Next Step

- You will progress through ALL three account creation screens before your registration is complete.
- On your main dashboard, you will Start Curriculum.
- Complete all sections—as you work through they will show as 'Done' in each box.
- Download and print your certificate when you are finished, or, email it directly from the site to the office or school you are associated with.

Required Trainings



A. Safe Environment Program - Charleston (English)

5 Years

Includes: Safe Haven - It's Up to You video training; Safe Haven questions; required Diocesan policy acknowledgement.

[▶ Start Curriculum](#)

Training Overview

Training Information and results

USCCB Role
Question/Answer Page [Print](#)

Safe Haven - It's Up to You Part 1
Video Page

Safe Haven Questions 1
Question/Answer Page

Safe Haven - It's Up to You Part 2
Video Page

Safe Haven Questions 2
Question/Answer Page

Safe Haven - It's Up to You Part 3
Video Page

Safe Haven Questions 3
Question/Answer Page

[Completed](#)

[Download Certificate](#)

www.charleston.CMGconnect.org

EMPLOYEE AND VOLUNTEER PLEDGE

As an employee or volunteer in a parish, school, or diocesan office operated under the leadership of the Bishop of Charleston, I pledge myself to endeavor to:

- Conduct myself in an exemplary Christian manner, particularly in the workplace and in public;
- Recognize that I am the face of Christ and of the Church for those whom I meet and serve;
- See my work not as a job but as a ministry done on behalf of others;
- Dedicate myself to the common good and always put that before personal preference and self-interest;
- Welcome visitors and guests in a spirit of hospitality, respect, and charity;
- Grow in my understanding of the Catholic faith, since, as an employee or volunteer for a Church institution, I can be expected to be able to state what Catholics believe and teach;
- Cooperate with colleagues and clients, always in a spirit of service;
- Work with and speak about those in authority with respect;
- Understand that the family is the primary community and a school of faith for my fellow employees/volunteers and for those whom we serve;
- Realize my responsibilities to hold confidences, according to the Confidentiality Agreement;
- Speak the truth in love;
- Abide by the standards and guidelines set by the Office of Child Protection Services and the Human Resources Office of the Diocese;
- Be especially attentive to the needs of children, the poor, members of minority groups, persons with disabilities, and the elderly;
- Commit myself to training, updating, and ongoing formation so that I may be more effective in my ministry.

EMPLOYEE OR VOLUNTEER:

Signature

Print Name: _____

Date: _____



Diocesan Policy Regarding Confidentiality and Abiding by Catholic Principles

An employee/volunteer, in the course of his/her employment and/or activities on behalf of The Bishop of Charleston, a Corporation Sole, sometimes known as the Diocese of Charleston, or the Roman Catholic Church in South Carolina (herein "Diocese"), may have access to confidential matters including, but not limited to: business and financial records, information and plans; records, information, and plans of a parish and of parishioners (including, but not limited to, census, marriage, adoption, and divorce records and information); technical information; spiritual and sacramental information; medical, legal, psychological, and emotional information; personnel records and information; plans to acquire, sell, lease, or encumber real estate and/or other property or assets; asset valuation information; development plans and information; information received by or on behalf of the Diocese in confidence; non-published telephone numbers and other private contact information; and all other proprietary and/or personal information. The employee/volunteer must maintain the strictest confidence of all such information and related materials.

All such information shall be received and treated by the employee/volunteer as confidential, will be used only by the employee/volunteer for the limited purpose authorized by the Diocese, and will not be disclosed by the employee/volunteer to anyone not expressly authorized by the Diocese to receive such information.

Further, the employee/volunteer will not make any copies, record, notes, or the like, of any information or materials of, or disclosed to him/her by, the Diocese or remove any such information from their official workplace, except as required in the course of their work duties. The employee/volunteer shall immediately return all confidential information and materials, and all other requested information and materials, to the Diocese upon the earlier of: (a) the request of the Diocese; or (b) the termination of employment with or activities on behalf of the Diocese.

Further, the employee/volunteer, at all times during the course of his/her employment, will respect and support the mission of the Catholic Church. The employee/volunteer will exhibit personal integrity, honesty and compassion and make decisions in an ethical framework consistent with the Catholic Faith, the Code of Canon Law, and the financial, personnel and employment policies of the Diocese of Charleston.

In the event the employee/volunteer violates the terms of this Policy, the Diocese shall take such disciplinary action to include termination of employment or assistance, as the diocese deems appropriate.

WITNESS

EMPLOYEE/VOLUNTEER

Signed: _____

Signed: _____
Print Name _____

As to the Recipient

Title: _____

Date: _____

Date: _____

APPENDIX I

CODE OF CONDUCT FOR CHURCH PERSONNEL AND MINISTERIAL STANDARDS AND GUIDELINES FOR DEALING WITH MINORS AND VULNERABLE ADULTS

Preamble

The Diocese of Charleston holds Church Personnel (as defined in the Diocese's Sexual Abuse Policy) accountable for maintaining the integrity of all ministerial and professional relationships. The purpose of this Code of Conduct ("Code") is to set forth the basic principles, standards and guidelines applicable to interactions by Church Personnel with Minors and Vulnerable Adults. It would be impossible to create a comprehensive list of specific acts constituting violations of this Code. In addition to strict compliance with legal requirements, Church Personnel in the Diocese are expected to be guided by the basic principles of the Catechism of the Catholic Church in the conduct of diocesan affairs and to comply with all diocesan policies, including compliance with the Diocese of Charleston Policy Concerning the Protection of Minors and Vulnerable Adults from Sexual Abuse by Church Personnel, as amended from time to time ("Sexual Abuse Policy"). Church Personnel should also adhere to the Ministerial Standards and Guidelines contained in this Code.

While the individuals who prey on Minors and/or Vulnerable Adults are a very small minority, they have nevertheless placed Church Personnel in a difficult situation regarding their interactions and relationships with Minors and/or Vulnerable Adults. Although the current situation is not your fault, you are a secondary victim of those who have abused the trust of Minors and Vulnerable Adults. Because of the criminal acts and abuses of trust by a small minority of Church Personnel, the public often views all Church Personnel with skepticism and distrust. To protect yourself as well as Minors and Vulnerable Adults, it is very important that you learn and comply with the Diocesan Policy, Code of Conduct and Ministerial Standards and Guidelines. It is also necessary that you be aware of and comply with the requirements to report Sexual Abuse of Minors or Vulnerable Adults under diocesan policy and South Carolina law.

While there is an expectation that common sense will be used, this Code is provided for the purpose of explicitly drawing attention to the special care that must be taken by Church Personnel in ministering to Minors and Vulnerable Adults. Diocesan Clergy, Religious, seminarians, employees and Volunteers must take special care to avoid contact with Minors or Vulnerable Adults, whether within or outside the conduct of their ministry, that could be misconstrued by reasonable people to involve illicit intentions or that could cause injury, regardless of whether injury is intended by such person.

Application of this Code

The Diocese expects you to conduct yourself in accordance with this Code and to support others in doing so. If you do not comply with the Diocesan Sexual Abuse Policy or this Code or if you permit a member of Church Personnel under your supervision to fail to comply, you are not meeting your responsibilities to the Minors and Vulnerable Adults in your care or that of the Church. If you know or suspect non-compliance with this Code or the Policy, you are expected to report the non-compliance to the Office of Child and Youth Protection at 843-261-0430.

Principles Applicable to Church Personnel

The following principles, standards and guidelines are provided to assist you in complying with the standards of conduct contained in this Code of Conduct and to avoid situations that could result in an allegation of Sexual Abuse, regardless of your good intentions. Principles, standards and guidelines, although not exhaustive, are intended to provide guidance and direction with respect to issues that may arise in the course of your day-to-day work.

Church Personnel of the Diocese of Charleston shall:

- Actively support the teachings of the Catholic Church and work to build up the body of Christ in thought, word and action.
- Respect the rights, dignity and worth of each person from conception to natural death and conduct public relationships with others in a manner that is consistent with Catholic teaching. This is an even higher obligation for supervisors and others with the responsibility of guiding and teaching others.
- Maintain high ethical and professional standards in their interactions with Minors and Vulnerable Adults, and always seek to act in their best interest.
- Keep all information received in the course of counseling, spiritual direction or other professional or ministerial contact in the strictest confidence, except as mandated by canon or civil law.
- Refrain from making false or uninformed accusations against another or revealing the faults and failings of another to those who have no need or right to know.
- Be responsible stewards of Church resources, human and financial, and comply with all applicable civil and canon law obligations.
- Maintain a high level of competence in their particular ministry and prudently attend to their own physical, spiritual, mental and emotional well-being.
- Avoid accepting or conferring an office, position, assignment, compensation or benefit that may present even the appearance of a conflict of interest.
- Review, understand and comply with the contents of the Policy, including this Code of Conduct, as well as the reporting requirements of the Diocese of Charleston and South Carolina law, before engaging in any form of ministerial work.
- Promptly report incidents of ethical misconduct or Sexual Abuse by other Church Personnel to the proper Church authority and/or civil authorities.

Ministerial Standards and Guidelines To Be Observed When Dealing With Minors And Vulnerable Adults To Protect You And Those To Whom You Minister

Ministerial Standards and Guidelines for Clergy, Religious, Volunteers and lay employees include, but are not limited to, those set forth below. These standards and principles are not intended to apply to otherwise legal rights of parents and guardians.

1. Church Personnel, unless they are a parent and/or guardian of the Minor or Vulnerable Adult, are prohibited from using physical discipline in any way to manage the behavior of Minors and Vulnerable Adults, except insofar as restraint may be necessary to prevent them from inflicting harm on themselves or others, in which case a detailed written record of the incident shall be made as soon as possible and maintained on file.
2. Church Personnel may never show, provide or make available in any way sexually explicit or morally inappropriate materials to Minors or Vulnerable Adults. In essence, any discussions, materials and personal interactions with Minors and Vulnerable Adults are prohibited if they could not occur or be used in the presence of the Minor's or Vulnerable Adult's parent or guardian. This does not preclude the use of diocesan-approved curricula in schools or religious education programs.
3. Church Personnel should avoid being alone in a room with a Minor or Vulnerable Adult unless they are a relative or the door remains open. If, however, the Minor or Vulnerable Adult insists on more privacy, there should be either a window or glass-paneled door into the room.
4. Church Personnel are prohibited from using, possessing or being under the influence of any mind or mood-altering substances, including alcohol, while working with Minors. The foregoing prohibition against the use of alcohol does not apply to gatherings attended by adults and Minors at which a parent or guardian of the Minor is present. Church Personnel are prohibited from providing Minors with any alcoholic beverage, tobacco, drugs or any substance prohibited by law. Medications of any kind may be administered to Minors or Vulnerable Adults only with written parental or guardian permission.
5. Church Personnel should schedule one-on-one counseling sessions or meetings with Minors and Vulnerable Adults at times and locations that promote accountability. Pastors, principals or the administrator of the appropriate diocesan agency and parent(s) or guardians must be notified in writing of any scheduled meeting involving a Minor or Vulnerable Adult. Informal/unscheduled meetings should be the exception, not the rule; however, if a Minor or Vulnerable Adult approaches you and seeks immediate assistance, this should be documented and communicated as soon as reasonably practicable to the pastor, principal, administrator or supervisor of the appropriate diocesan agency and a parent or guardian.
6. Clergy or Religious shall never take an overnight trip with a Minor or Vulnerable Adult or allow Minors or Vulnerable Adults in their personal residence unless a parent or guardian is present, or if the Minor or Vulnerable Adult is a relative; however, even if a Minor or Vulnerable Adult is a relative, Clergy and Religious must have written permission of the Bishop before allowing them to stay in a rectory or other church property with the Clergy or Religious.
7. Church Personnel shall not sleep in the same bed, van, hotel room, sleeping bag or tent with a Minor or Vulnerable Adult, unless they are a sibling or other relative who has permission of the parent or guardian. Except as provided in the foregoing sentence, sharing a bedroom, other than a dormitory style room in which a number of people are present is to be avoided. Church Personnel should not take an overnight trip alone with a Minor or Vulnerable Adult who is not a relative. Church Personnel should avoid being alone with a Minor or Vulnerable Adult who is not a relative in a locker room or restroom, dressing room, changing room or showering facility. Furthermore, Church Personnel may not take photographs of

Minors or Vulnerable Adults who are unclothed or dressing, for example, in a locker room or bathing facility.

8. Church Personnel observing or becoming aware of anyone (adult or Minor) abusing a Minor or Vulnerable Adult must take reasonable immediate steps to intervene to provide a safe environment for the Minor or Vulnerable Adult and report the abuse in accordance with Diocesan policies and civil law.

9. Church Personnel shall never date or give the appearance of dating a Minor or Vulnerable Adult.

10. Church Personnel should not tutor, counsel or meet in their personal residences with Minors or Vulnerable Adults unless they are a relative, or a friend of the family with permission of the parent or guardian. Sleep-overs with the child of Church Personnel by friends of a child are not prohibited.

11. Church Personnel shall not engage in: (a) verbal harassment, such as derogatory comments, jokes or slurs; (b) visual harassment, such as derogatory or sexually explicit posters, cards, calendars, cartoons, graffiti, drawings, messages, notes or gestures; or (c) sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.

12. Unless Church Personnel have a parent's or guardian's knowledge and consent and, in the case of church or school sponsored activities, they have been cleared by the Diocese, they are not to drive Minors, unless there is an emergency or they are a relative of the Minor or Vulnerable Adult.

13. Church Personnel shall report uncontrollable or unusual behavior of a Minor or Vulnerable Adult to a parent or guardian as soon as possible.

14. Parents and guardians shall be encouraged to participate in services and programs in which their Minors or Vulnerable Adults are involved.

15. Parental or guardian permission shall be obtained, including a signed medical treatment authorization form, for overnight church or school-related trips.

16. Written parental or guardian approval must be obtained before permitting any Minor and Vulnerable Adult to participate in athletic or other activities that involve potential risk.

**The following “Do’s” and “Don’t’s” are designed to assist Church Personnel in Complying
with this Code of Conduct and the Ministerial Standards and Guidelines**

DO’S

Do love the Minors and Vulnerable Adults to whom you minister with a carefully disciplined love.

Do make sure that any physical contact with a Minor or Vulnerable Adult is done in a manner that is beyond reproach and in a very public place.

Do treat every Minor and Vulnerable Adult with the dignity he or she deserves by virtue of his or her creation by God in His image and likeness.

Do offer comfort and solace to those who are upset or grieving, but try not to do it by physically holding or hugging a Minor or Vulnerable Adult, if possible, unless you are a relative.

Do realize that a Vulnerable Adult who is unable to speak can say “no” to physical affection through his/her body language.

Do dress appropriately at all times, particularly when in the presence of a Minor or Vulnerable Adult.

Do always plan to provide adequate supervision before, during and after parish, school and other diocesan functions.

From time to time, you may find yourself unavoidably left with a Minor or Vulnerable Adult because of a parent or guardian’s failure to arrive on time to pick up that Minor or Vulnerable Adult at the conclusion of a diocesan-sponsored program. While this is always a difficult and frustrating situation, it must be understood by all concerned that the safety and welfare of that Minor or Vulnerable Adult under those circumstances should continue to be the paramount concern of you and those associated with your program. In view of the foregoing, the following guidelines are provided as to how such situations should be handled:

- Under no circumstances should any Minor or Vulnerable Adult under your care or control be left unattended. That Minor or Vulnerable Adult remains your responsibility until such time as a relative or other responsible adult takes physical custody of that Minor or Vulnerable Adult.

- All reasonable efforts should be undertaken to contact the parent, guardian or other responsible relative of the Minor or Vulnerable Adult to arrange for his/her pickup by the parent, guardian or a person designated by a parent, guardian or responsible relative or other person authorized by a parent or guardian.

- In the event that the adult appearing to pick up the Minor or Vulnerable Adult is neither the parent nor the designated emergency contact person according to current records, or other person authorized by a parent or guardian, you must confirm the identity of the adult and his/her relationship to the Minor or Vulnerable Adult and use sound judgment in determining whether the adult is an appropriate person to take custody of the Minor or Vulnerable Adult.

- If none of the above efforts is successful, you should attempt to call another adult to join you.

- In the event that all of these efforts are unsuccessful, you should call the local police authority and report the situation to them and request the police to come take custody of the Minor or Vulnerable Adult or otherwise assist you in returning the child to a parent, guardian, emergency contact or relative. The timing and decision to call local police authorities should be based on your good judgment and assessment of the situation.

- You should not undertake to transport the Minor or Vulnerable Adult in your automobile to another location unless you have the permission of the parent or guardian, or there is an emergency.

- In the event that a parent or guardian's failure pick up in a timely manner a Minor or Vulnerable Adult is a repeated or consistent problem, this matter should be handled in the same way as any other issue involving breach of program policies and procedures. This may result in the parent/guardian being directed to withdraw the Minor or Vulnerable Adult from the program.

DON'T'S

Don't use crude or profane language when speaking with a Minor or Vulnerable Adult.

If you are hosting a social event in your home that includes Minors or Vulnerable Adults, another responsible adult should be in attendance when feasible.

Don't permit a Minor or Vulnerable Adult to have possession of a key or unsupervised access to any parish, school or other diocesan facility.

Don't use open bathroom facilities in the presence of a Minor or Vulnerable Adult unless you are a relative or another adult is present.

Don't dress or undress yourself in the presence of a Minor or Vulnerable Adult or allow a Minor or Vulnerable Adult to dress or undress in your presence unless you are a relative.

Don't provide toileting assistance for a Minor or Vulnerable Adult unless you are a relative, or in the case of a nursery or other group situation, another adult is present. If a Minor or Vulnerable Adult regularly needs assistance in the bathroom, family members, a guardian, medical personnel, or official caregivers should provide this assistance. If a Vulnerable Adult needs emergency bathroom assistance, two responsible adults of the same gender as the Vulnerable Adult should assist. You should plan for this assistance before the need arises.

Don't fail to make plans for dressing, toileting, transferring and bathing assistance needs well in advance of any weekend/overnight retreat or conference. If a family member, guardian, medical personnel or official caregivers are not available, only previously trained staff and previously trained responsible adult Volunteers should provide this function. If none of those persons is available, the Minor or Vulnerable Adult should not attend.

Don't provide any Minor or Vulnerable Adult with alcohol, tobacco, legal or illegal prescription or non-prescription drugs, unless you are a medical professional administering a prescription or other medication with the written consent of a parent or guardian and in accordance with the applicable school or other organizational policy.

Don't accompany a Minor or Vulnerable Adult to any place that is principally engaged in the sale of alcohol (a bar, liquor store or night club), unless accompanied by a parent or guardian. The preceding sentence shall not, however, prohibit your accompanying such Minor or Vulnerable Adult to a place in which the availability of alcohol is only incidental to other recreational or social activities at said location (ballgame, concert or restaurant), provided that permission has been obtained from the Minor's or Vulnerable Adult's parent or guardian in advance of attendance at any such event and another adult is present.

Don't allow a Minor or Vulnerable Adult to self-medicate in your presence, unless you are their parent or guardian, or it is in a school or other environment in which the parent or guardian has given written permission for the self-medication, consistent with any applicable school or other organizational policy.

Don't permit a Minor or Vulnerable Adult to leave the diocesan church, school or other facility during a scheduled class, event or function without adult supervision, except in a situation in which the parent or guardian or other responsible relative is present and permits the person to leave.

Don't view, acquire or possess child pornography in any form or permit a Minor or Vulnerable Adult to possess or view pornography in your presence.

Don't take photos of a Minor or Vulnerable Adult without the consent of their parent or guardian, unless you are a relative.

Don't accompany or agree to meet a Minor or Vulnerable Adult at an amusement park or other recreational activity or social event without the permission of a parent or guardian, unless the individual is a relative or it is a parish or school-sponsored field trip. Religious and Clergy must never accompany a Minor or Vulnerable Adult to any activity alone, unless the person is a relative and the consent of a parent or guardian has been obtained.

Don't agree to meet a Minor or Vulnerable Adult outside of parish/school hours or parish/school event hours unless you are a relative of the Minor or Vulnerable Adult or in group situations.

Don't use or allow music to be played that contains sexually expressive or vulgar language in the presence of a Minor or Vulnerable Adult.

Don't allow a Minor or Vulnerable Adult under your care or supervision to remain in the presence of only one other person who is not the Minor or Vulnerable Adult's relative or medical personnel or authorized caregiver. Arrangements should be made in advance to address such situations.

Don't give personal gifts to Minors or Vulnerable Adults unless you are a relative or it is a small gift given to members of a group of Minors or Vulnerable Adults, such as a school class or parish group.

Don't discuss details of your personal life, or the lives of clergy, educators, employees, staff or volunteers, with a Minor or Vulnerable Adult, except age-appropriate information shared for educational or inspirational purposes in a group setting.

Don't have any physical contact while dancing with a Minor or Vulnerable Adult unless you are a relative or in the context of group activities with Vulnerable Adults.

Don't accept a baby-sitting or house-sitting assignment for any Minor or Vulnerable Adult served by your ministry unless you are a relative with permission of a parent or guardian.

Don't visit Minors or Vulnerable Adults at their homes without the permission of the parent or guardian, unless you are a relative.

Don't email, text, call or otherwise communicate individually with Minors or Vulnerable Adults or provide them with your personal phone number or email address, unless the Minor or Vulnerable Adult is a relative or the parent or guardian has given you written permission to communicate with the Minor or Vulnerable Adult in this fashion. Clergy and Religious should not communicate individually with Minors or Vulnerable Adults even with the permission of a parent or guardian.

Don't date any Minor or Vulnerable Adult served by your ministry.

APPENDIX II

DIOCESE OF CHARLESTON ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT TO COMPLY

By signing below, I acknowledge that I have received or accessed online and have carefully read, understand and agree to abide by The Diocese of Charleston Policy Concerning the Protection of Minors, and Vulnerable Adults from Sexual Abuse by Church Personnel (2022) and Code of Conduct For Church Personnel and Ministerial Standards and Guidelines For Dealing With Minors and Vulnerable Adults to protect you and those to whom you minister.

I understand that the Diocese will rely on this signed Acknowledgment of Receipt and Agreement to Comply to ensure my acceptance of and agreement to comply with all Diocesan safe environment policies, standards and guidelines. I further acknowledge that nothing in the foregoing documents or this Acknowledgement shall be deemed to constitute a contract of employment.

Printed Name

_____/_____/_____
Date of Birth :

Signature

Date

**DIOCESE OF CHARLESTON
DIRECT DEPOSIT**

NAME _____

EMPLOYEE # _____ (Diocese fills out)

Please check the appropriate box or boxes below and fill in all the information requested. You may choose any of the combinations below; however, you can only have one "net pay" account. Please attach a voided check to this form if you want to deposit into checking account. **This form must be turned into Payroll.**

☐ Fixed dollar amount to SAVINGS account (attach deposit slip)

Bank name _____
Address _____
Account # _____
Routing # _____
Deposit amount _____

☐ Fixed dollar amount to CHECKING account (attach voided check)

Bank name _____
Address _____
Account # _____
Routing # _____
Deposit amount _____

☐ Net pay to SAVINGS account (attach deposit slip)

Bank name _____
Address _____
Account # _____
Routing # _____

☐ Net pay to CHECKING account (attach voided check)

Bank name _____
Address _____
Account # _____
Routing # _____

EMPLOYEE SIGNATURE _____