

**NORMS FOR PROHIBITION OF SEXUAL ABUSE AND MISCONDUCT
VOLUNTEER RECEIPT ACKNOWLEDGMENT**

I, _____, acknowledge that I have received the
(Name of Volunteer)

Diocese of Rockford's Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults of the Diocese of Rockford. I agree that I will read and abide by the provisions of these norms as a volunteer of the Diocese.

Also, I acknowledge that the Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults that I have received this date replace all prior policies or regulations that I may have received from the Diocese. I agree that those former policies or regulations are no longer in force of effect.

Signature Date: _____

Volunteer Name: _____

Institution: _____

City: _____

WITNESS

FOR OFFICE USE:

**Parish/School/Diocesan facility to send this signed form by email to
sarndt@rockforddiocese.org or by fax to 815-399-5266 Attention S. Arndt**