

**ACKNOWLEDGEMENT OF RECEIPT**

To protect the privacy of all volunteers and employees, we ask everyone to mail this receipt —with the 6-page questionnaire—to:

**Diocesan Victim Assistance Coordinator  
and Director of Child Protection and Safety**  
**Diocese of Arlington**  
**200 N. Glebe Road #914**  
**Arlington, VA 22203-3728**

Do not give it to your supervisor or a representative of your parish or school.

PLEASE PRINT (OR TYPE) AND, IF POSSIBLE, USE BLACK INK. THANK YOU.

I hereby acknowledge that I received a copy of the Catholic Diocese of Arlington **Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse** and that I have read the Policy and agree to conduct myself in accordance with said Policy.

*Please check one or both, if appropriate:*

- ( ) I am a volunteer working with children or seeking to be a volunteer working with children.
- ( ) I am an employee or seeking employment.

*Please indicate the PARISH, SCHOOL, or DIOCESAN ORGANIZATION for which you are:*

a Volunteer/Seeking to Volunteer: \_\_\_\_\_

an Employee/Seeking Employment: \_\_\_\_\_

Last Name, First Name, MI: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are a Catholic priest or deacon, please indicate the following:

	Month	Day	Year	Country of birth (origin)
Date of birth	_____	_____	_____	_____
Ordination	_____	_____	_____	

If you are a member of a religious order, initials of the order: \_\_\_\_\_

Religious name if appropriate \_\_\_\_\_