



# Acknowledgement

## **Acknowledgement of Receipt and Review of the Archdiocese of Washington Child Protection Policy**

This is to acknowledge that I have received and reviewed a copy of the *Archdiocese of Washington Child Protection Policy*.

I understand that I am responsible for complying with the policy as stated and, if I am an employee or volunteer, that questions or clarifications regarding this policy should be directed to my immediate supervisor or to the *Director of the Office of Child and Youth Protection*. If I am a priest, deacon or religious, I understand questions should be referred to the Secretary for Ministerial Leadership or the Delegate for Consecrated Life, whichever is appropriate to my situation.

I further understand that the Archdiocese of Washington reserves the right to change, modify and/or revise any part of this policy at any time.

### **Priest/Deacon/Religious:**

Signature: \_\_\_\_\_

Name (please print clearly): \_\_\_\_\_

Parish/Assignment: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return this completed form to the Vicar General.*

### **Employee/Volunteer:**

Signature: \_\_\_\_\_

Name (please print clearly): \_\_\_\_\_

Parish/School/Agency: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

*This form is to be completed, signed and returned to the appropriate designated individual at the location at which you are employed or provide volunteer services. A copy of this completed form will be retained in a file on site. The original will be sent to the Archdiocesan Office of Human Resources or the appropriate Agency Human Resources Office.*