

CMGConnect

DIOCESE OF PEORIA

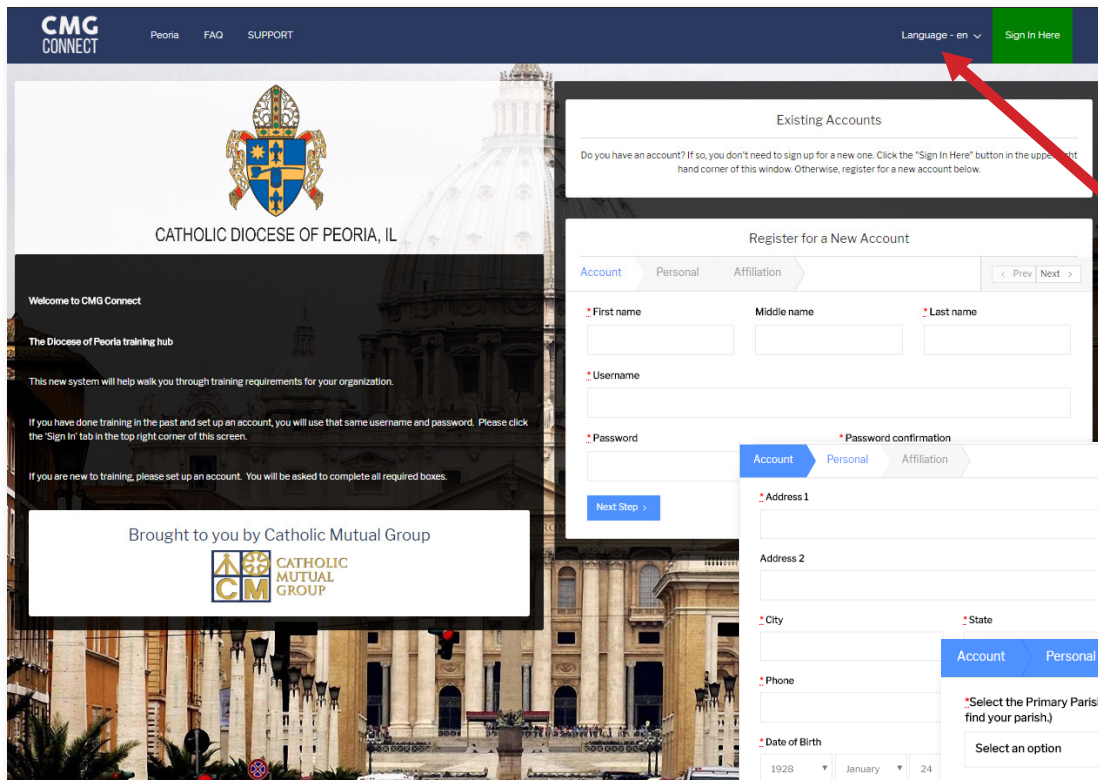


Safe Environment Training

Getting Started:

1. Go to <https://peoria.cmgconnect.org/>
2. Create a new account by completing all the boxes. This includes address, primary parish, and how you participate at your parish or school (*Curia, Employee, Other Religious, Parish Volunteer, Priest/Deacon, or School Volunteer*). If you have questions please contact your parish/school coordinator.
3. Your main learning dashboard will show you all of the requirements, ***which includes a background check***, and optional training curriculums that have been customized for your particular role within the Diocese.
4. Click 'Start Curriculum' for the Safe Environment Training Curriculum.
5. Once training is completed, you can access your completion certificate by returning to the training dashboard and clicking 'Download Certificate'.

For more information, please use your FAQ
or Support tab at the top of the screen.
Contact CMG Connect at:
cmgconnect@catholicmutal.org



Users can click here to create their accounts in Spanish prior to registering

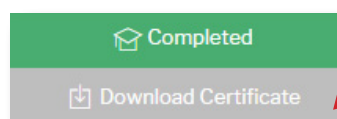
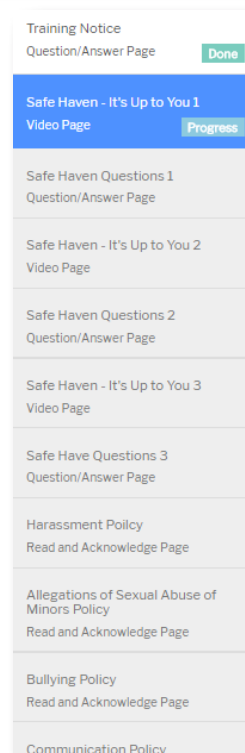
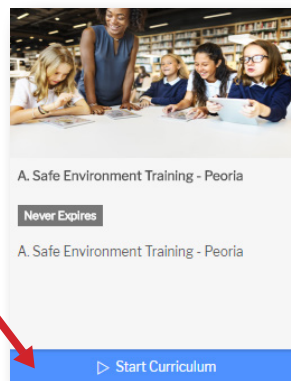
• You will progress through ALL three account creation screens before your registration is complete. *If you are unsure of what role to select for your participation category, please contact the diocese.*

• On your main dashboard, you will click Start Curriculum

• Complete the training sections—as you work through they will be marked as **Done** in each box.

• When finished, click the 'Dashboard' tab on the left side of your screen to return to your training options.

• Access your certificate by locating the completed curriculum on your dashboard and clicking the gray 'Download Certificate' button.



<https://Peoria.CMGconnect.org/>

VOLUNTEERS CODE OF CONDUCT

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines of this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our _____ [parish/school] and the Catholic Diocese of Peoria.

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and The Department of Children and Family Services. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.
- Access, view and/or distribute pornography, including, but not limited to child pornography.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history and fingerprinting. I understand that any action consistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

Volunteer's Printed Name

Volunteer's Signature

Dated: _____

**AUTHORIZATION FOR RELEASE OF SEXUAL MISCONDUCT-RELATED INFORMATION
AND CURRENT/FORMER EMPLOYER RESPONSE**

This standardized form is based on a template developed by the Illinois State Board of Education (ISBE) pursuant to 105 ILCS 5/22-94 of the Illinois School Code. This completed form and any information or records received by the hiring entity shall not be considered public records.

Instructions for Applicant:

Complete one form for each current employer (if any). Additionally, complete one form for each former employer that falls within any of the categories below:

1. A public or nonpublic elementary or secondary school.
2. An employer that, at the time of your employment, contracted with a public or nonpublic elementary or secondary school to provide services, including, but not limited to, employers that provided food services, bus services, or other transportation services. This category applies only if, as part of your employment with the employer, you had engaged in -- or there was the possibility that you would engage in -- the care, supervision, guidance, control of, or routine interaction with children or students.
3. Any other employer for which you, as part of your employment with the employer, did engage in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with children or students.

Please be advised that if you are licensed by ISBE, the hiring entity is required to verify the employment history you report by checking ISBE's educator licensure database. The responses the hiring entity receives from your current and former employers will be used to evaluate your fitness to be hired or for continued employment. An applicant who provides false information or willfully fails to disclose information shall be subject to denial of employment, or if already hired, shall be subject to discipline, up to and including termination.

Section 1: Hiring Entity Information *(to be completed by Hiring Entity)*

Hiring Entity's Name: St. Patrick School	Contact Person: Cassi Smith
Address: 100 Harvey St	City, State, ZIP Washington, IL 61571
Telephone Number: 309-444-4345	Email: csmith@stpatswashington.org
Sent to Current/Former Employer By (insert name): On (insert date):	Received at Hiring Entity: By (insert name): On (insert date):

Section 2: Applicant Information *(to be completed by Applicant)*

Name: (First, Middle, Last):	Any former names by which the Applicant has been identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP:

Section 3: Current/Former Employer Information *(to be completed by Applicant)*

Employer:	Contact Person:
Address:	City, State, ZIP
Telephone Number:	Email:
Position Held:	Approximate Dates of Employment:

Section 4: Authorization for Disclosure of Employment Information and Release of Employer Liability *(to be completed by Applicant)*

By signing this form, I do hereby authorize my current/former employer identified in Section 3, above, to disclose to the hiring entity identified in Section 1, above, the following information and any records related to that information:

1. The dates of my current/former employment;
2. A statement as to whether I have ever been the subject of an allegation of "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
3. A statement as to whether I have ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by the employer; or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
4. A statement as to whether I have ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated); and
5. Any other pertinent records, documentation, or information related to items 2 through 4 above.

Further, by signing this form, I do hereby release my current/former employer identified in Section 3, above, from any criminal or civil liability that may arise from the disclosure of information and records authorized under this Section 4 to the extent such release is permitted by law.

Applicant Signature

Printed Name

Date

Section 5: Information Request *(to be completed by Applicant's current or former employer)*

This form must be completed and returned to the hiring entity listed in Section 1 within 20 days of receipt.

Position held by Applicant:	Dates of Employment:
Person Completing Form:	Title:
Telephone Number:	Email:

For purposes of the following requests, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity, that:

1. Applicant committed as an employee or agent of a school district, charter school, or nonpublic school during which time Applicant engaged in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with students; and
2. Was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to, any of the following:
 - a. A sexual or romantic invitation;
 - b. Dating or soliciting a date;
 - c. Engaging in sexualized or romantic dialog;
 - d. Making sexually suggestive comments that were directed toward or with a student;
 - e. Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
 - f. A sexual, indecent, romantic, or erotic contact with the student.

1.	To the best of your knowledge, has Applicant ever been the subject of an allegation of Sexual Misconduct? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.
2.	To the best of your knowledge, has Applicant ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by you (the employer); or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.
3.	To the best of your knowledge, has Applicant ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.

*If your answer to any of the above questions is "yes", you must provide any records and information in your control or possession related to the affirmative response. Please provide the information in the space below and attach any responsive records to this form. Additional pages of information may be attached.

I have read and understand the contents of this form. I certify that, to the best of my knowledge, the responses provided above are accurate, and the records provided in connection with these responses are true and correct.

Current/Former Employer Signature

Printed Name/Title

Date

**ILLINOIS STATE BOARD OF EDUCATION SEXUAL MISCONDUCT DISCLOSURE FOR
APPLICANT**

Instructions to Applicant: To help protect students and children against the threat of sexual misconduct, Illinois law (105 ILCS 5/22-94) requires that we conduct a sexual misconduct background check on certain applicants for hire. Therefore, you are required to complete this standardized form, which is based on a template developed by the Illinois State Board of Education (ISBE). You will be required to provide the names, contact information, and other relevant information related to your current/former employer(s) on a separate form, also based on a template developed by ISBE. You will complete one such form for each current/former employer for whom you held a position involving direct contact with children or students.

You must complete this form promptly and return it to St. Patrick School. A copy of this form will be retained by St. Patrick School, but the information provided on this form shall not be deemed a public record.

Section 1: Applicant Information

Name: (First, Middle, Last):	Any Former Names by Which Applicant Has Been Identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP

Section 2: Questionnaire

For purposes of the three questions below, the term “sexual misconduct,” as defined in 105 ILCS 5/22-85.5 (sexual misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity that (1) you committed as an employee or agent of a school district, charter school, or nonpublic school during which time you engaged in or had the possibility of engaging in the care, supervision, guidance, or control of or routine interaction with students; and (2) was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to:

- 1) A sexual or romantic invitation;
- 2) Dating or soliciting a date;
- 3) Engaging in sexualized or romantic dialog;
- 4) Making sexually suggestive comments that were directed toward or with a student;
- 5) Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
- 6) A sexual, indecent, romantic, or erotic contact with the student.

1.	Have you ever been the subject of an allegation of sexual misconduct? Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by an employer; or had an employment contract not renewed due to an adjudication or finding of sexual misconduct, or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Applicant Certification

I have read and understand the contents of this Sexual Misconduct Disclosure Form. I also understand that completion of this form does not preclude the hiring entity from performing other background checks (such as reference checks, criminal history background checks, and the like) in accordance with the hiring entity’s policy and/or as required by state statute for a particular position. I understand and agree that any false information I provide on this form or any willful failure to disclose information required on this form shall subject me to discipline, up to and including termination or denial of employment. By signing this form, I certify that the statements made in this form are correct, complete, and true to the best of my knowledge and I swear or affirm that I am not disqualified from employment.

Signature

Printed Name

Date

INFORMATION REQUIRED FOR DCFS PORTAL APPLICATION

Child Abuse and Neglect Tracking System (CANTS)

NOTE: This form has been changed in compliance with the DCFS portal application process. Please complete the form online. All information **MUST** be complete in order for the application to be submitted to the DCFS portal. Printed or electronic signatures are effective and binding.

NAME: _____
Last First Middle

DATE OF BIRTH: _____ **GENDER (as assigned at birth):** Male Female
(MM / DD / YYYY)

ETHNICITY (choose only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Not Hispanic (None) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic – Central American | <input type="checkbox"/> Hispanic – South American | <input type="checkbox"/> Hispanic – Dominican |
| <input type="checkbox"/> Hispanic – Mexican | <input type="checkbox"/> Hispanic – Puerto Rican | <input type="checkbox"/> Hispanic – Spanish Descent |
| <input type="checkbox"/> Hispanic – Cuban | <input type="checkbox"/> Hispanic – Other | |

RACE (select all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native American / Alaskan |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> White | |

CURRENT ADDRESS: _____
Street / Apt #

City State Zip Code

VALID EMAIL ADDRESS: _____

Please list ANY names you may have used in the past (*Last, First Middle*):

PARISH/SCHOOL/NEWMAN CTR (Name, City): _____

PARTICIPATE AS: Priest/Seminarian Deacon Religious Order Employee Volunteer

I hereby authorize IL DCFS to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the Catholic Diocese of Peoria, IL – Safe Environment Team. Printed or electronic signatures are effective and binding.

APPLICANT SIGNATURE: _____ **DATE:** _____

IF APPLICANT IS UNDER 18 YEARS OLD MUST ALSO PROVIDE:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

309-671-1580
cantspeoriadiocese@gmail.com
Catholic Diocese of Peoria, IL
Safe Environment Team
419 NE Madison Avenue
Peoria, IL 61603

(Submitting Agency Fax Number)
(Submitting Agency Email Address)
(Agency Name)
(Contact Person)
(Address)
(City, State, Zip)