



*Diocese of Steubenville*  
**CHILD PROTECTION POLICY**

**APPLICANT'S  
CERTIFICATION FORM**

*This Certification must be signed by every applicant for employment and volunteer service with the Diocese of Steubenville that involves regular contact with children.*

**I hereby attest and certify** that I have never been convicted of nor pled guilty to:

- ❖ child abuse in violation of Ohio Revised Code section 2919.24,
- ❖ endangering children in violation of 2907.04,
- ❖ gross sexual imposition in violation of section 2907.05,
- ❖ sexual imposition in violation of section 2907.06,
- ❖ importuning in violation of section 2907.07,
- ❖ voyeurism in violation of section 2907.08,
- ❖ public indecency in violation of 2907.09,
- ❖ any offense of violence, trafficking in drugs, concealed weapons, domestic violence or any other violation listed in section 109.572 of the Ohio Revised Code,
- ❖ or any existing or former offence of any municipal corporation, the State of Ohio, any other state or the United States that is substantially equivalent to any of the above offenses.

**(If you have been convicted of or pled guilty to any of the above offenses and wish to explain the circumstances thereof, please do so on a separate sheet.)**

I further certify that I have never been discharged from employment or a volunteer position because of any activity covered by the foregoing statutes.

I hereby authorize any present or former employer, person, firm, corporation, physician, or government agency to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold any and all of them harmless and free of any liability for releasing any truthful information that is within their knowledge and records.

I further authorize the Diocese of Steubenville to conduct a check of my police criminal records and agree that I will fully cooperate in providing all information and signing all documents necessary to conduct such a check.

**I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal if I am already employed.**

NAME OF APPLICANT (PLEASE PRINT): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_