



Diocese of Gary
Conflict of Interest Disclosure Policy and Procedures
Effective May 7, 2008

Purpose

As employees and volunteers, we are called to be good stewards and maintain high ethical standards. This policy is intended to set forth standards for behavior to avoid potential conflicts of interest that could compromise the objectivity that is essential for effective decision-making and damage the reputation of the individuals involved and the Diocese of Gary.

Application

This policy applies to:

- All lay employees of Diocese of Gary agencies, including Catholic Charities.
- Members of the Diocesan Finance Council and Advisory Boards of all Diocesan agencies.

Definition

A *conflict of interest* refers to a situation in which financial or personal considerations may compromise or have the appearance of compromising the judgment and objectivity of an employee or volunteer.

Types of Conflicts of Interest

There are five basic types of conflicts of interest, each of which will be explained in the sections that follow:

1. Business interests or investments
2. Gifts, payments or favors
3. Employment of relatives
4. Confidential information
5. Compensation arrangements

Business Interests or Investments

Employees and volunteers must disclose:

- Any business, investment or ownership interest in any entity with which the Diocese has (or is negotiating) any transactions or arrangements.
- Any compensation received (or offer of compensation) from any entity with which the Diocese has (or is negotiating) any transaction or arrangements.

Employees and volunteers must also disclose if their family members have any business interests or compensation as described above.

Disclosure must:

- Occur as soon as possible.
- Include all relevant information.
- Be made in writing on the attached form.
- Be submitted to the Office of Human Resources.

The Manager of Human Resources, in consultation with appropriate parties, will determine if the disclosed situation is permissible or not with respect to Diocesan policies and recommend a plan to either manage, reduce, or eliminate the conflict.

Gifts, Payments and Favors

No employee or volunteer may offer, exchange, or accept gifts, payments, or favors, either directly or indirectly, from any individual or organization which is conducting or soliciting business with the Diocese. "Gifts, payments and favors" include, but are not limited to gifts of objects or money, vacations, and loans. The term "indirect" includes the offering or acceptance of gifts, payments and favors by a relative, a person acting on behalf of the employee, or a business entity in which the employee or volunteer has an interest.

This policy does not preclude the offering or accepting of Christmas remembrances, thank-you gifts, business meals, or occasional gifts of nominal value, the sum total of which may not exceed fifty (\$50.00) from any organization in a calendar year. Any exceptions to this policy require the prior knowledge and consent of the employee's supervisor.

Employment of Relatives

In order to retain the objectivity that is essential to effective decision-making, relatives are not to hire or supervise one another or check, review, and/or process work of one another. Supervisors may further restrict the employment of relatives where close proximity might disrupt optimal performance of functions.

A relative, for this purpose, is defined as: husband, wife, father, mother, stepfather, stepmother, child, stepchild, grandparent, grandchild, in-law, brother, sister, niece, nephew, aunt, or uncle.

The purpose is to prevent situations in which an employee's family situation may create a conflict-of-interest with his or her job duties. Any exceptions to this policy require the prior approval of the supervisor and the Manager of Human Resources.

Confidential Information

Employees and volunteers often become aware of confidential information concerning Diocesan matters, other employees or volunteers, and persons who are served by the various programs of the Diocese. Such information should be kept private and should not be used for personal gain or in a manner that would harm the Diocese or any employee, volunteer, or person served by the Diocese.

Compensation Arrangements

As followers of Jesus Christ, we need to model good stewardship in the use of our resources, including our compensation practices. Also, as a tax-exempt organization, donations we receive must be used in the best interests of the people we serve, not for the personal benefit of our employees, vendors, or contractors. Therefore, all compensation arrangements (salaries, benefits, "perks", contracts for goods and services, etc.) must be reasonable, within approved budgets, and comparable to the "going rate" in the marketplace among similar organizations to provide a just wage for the services provided.

Failure to Follow Policy

Failure to follow this policy will be grounds for disciplinary action, including possible termination of employment or removal from council or volunteer positions.

Whistle Blower Policy

The purpose of this policy is to protect those individuals who want to raise issues of illegal, dishonest, or unethical behavior with the assurance of not becoming a target of subsequent recrimination. This formal policy has been implemented in the spirit of the initiatives of the Sarbanes-Oxley Act that was signed into law in July, 2002. This law prohibits publicly traded companies from taking any adverse employment action against an employee because of his/her protected whistleblowing activities, but some of the concepts are appropriate for non-profit organizations as well.

A "whistleblower" is defined by this policy as an employee of a parish, school, or other associated entity who reports an activity that he/she reasonably believes to be illegal or dishonest or reports unethical behavior to one or more of the parties specified in this Policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.

"Dishonest" or "unethical" is defined as violating some objective and publicly identifiable standard of conduct, not merely the reporter's subjective opinion. Examples of illegal or dishonest activities are violations of federal, state or local laws; billing for services not performed or for goods not delivered; or other fraudulent financial reporting. Examples of dishonest and unethical behavior include violations of employer policies in the respective Personnel Policy Handbook or similar published policies.

If an employee has knowledge of or a concern of illegal, dishonest, or fraudulent activity or of unethical behavior, the employee is to contact: his/her immediate supervisor or Manager of Human Resources.

An employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.

Whistleblower protections are provided in two important areas - confidentially and against retaliation. To the extent practical under the circumstances, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and employer policy and to provide accused individuals their legal rights of defense. The employer and associated

entities will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, poor work assignments and threats of physical harm for making a report. Any whistleblower who believes he/she is being retaliated against must contact their immediate supervisor or the Manager of Human Resources immediately either through written or verbal communication, i.e., signed written letter, in-person visit, etc. The right of a whistleblower for protection against retaliation does not include immunity from personal complicity in wrongdoing or any other misconduct.

We appreciate your efforts to maintain high ethical standards and avoid conflicts of interest.

**Diocese of Gary
Conflict of Interest Disclosure Statement**

I have received a copy of the Conflict of Interest Disclosure Policy and Procedures of the Diocese of Gary. I have read and understand the policy, and I agree to follow the policy's directives and procedures.

I understand that the Diocese of Gary is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Disclosure of Possible Conflict of Interest

Please check one:

I have no known actual or potential conflicts of interest at this time.

Below is description of an actual or potential conflict of interest. Please include as much information as possible and attach a separate sheet, if necessary.

Name (signed)

Name (printed)

Job or Volunteer Role

Date

ADP Employee Direct Deposit Enrollment Form

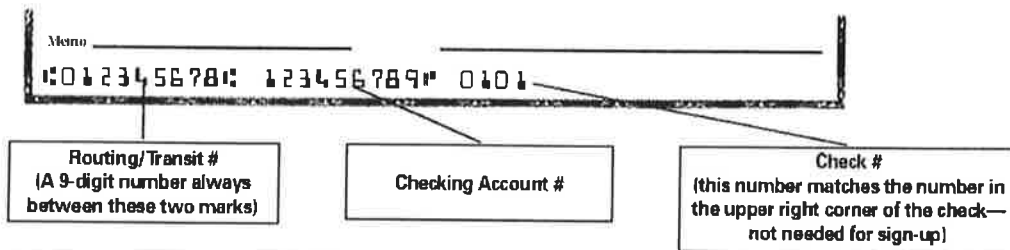
Payroll Manager—Please complete this section.

Company Code: _____ Company Name: _____ Date: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. Unless prohibited by applicable law, in the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. **Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . _____ or Entire Net Amount or % _____

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . _____ or Entire Net Amount or % _____

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . _____ or Entire Net Amount or % _____

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.



Diocese of Gary
9292 Broadway
Merrillville, IN 46410

EMPLOYMENT APPLICATION

Applicants requiring accommodation please notify the receptionist.

PLEASE PRINT CLEARLY

Date of Application _____

Name _____

Address _____

Home Phone Number _____

Alternate/Cell Number _____

E-mail Address _____

Position Applying For: _____

What is the best time of day to call you at home? _____

May we call you at your work number? _____

If yes, please provide your work number? _____

Have you previously applied for employment with the Diocese of Gary? _____

Have you ever worked for the Diocese of Gary? _____

If yes, where and when did you work? _____

What type of work are you seeking (circle one): Full-time Part-time Temporary

If you selected part-time or temporary, please explain your availability:

What is your desired salary range? _____

Are you able to provide proof of your eligibility to work in the United States? _____

Have you ever been convicted of a felony? _____

If "yes," please explain:

EMPLOYMENT HISTORY

List your last three employers in order, beginning with the most recent.

Starting date ___/___/___ Ending date ___/___/___ End Rate of Pay \$ _____

Name of Employer: _____
Phone Number: _____
Address: _____
Your Job Title: _____
Your Responsibilities: _____
Reason for Leaving: _____
Name and job title of your supervisor: _____

Starting date ___/___/___ Ending date ___/___/___ End Rate of Pay \$ _____

Name of Employer: _____
Phone Number: _____
Address: _____
Your Job Title: _____
Your Responsibilities: _____
Reason for Leaving: _____
Name and job title of your supervisor: _____

Starting date ___/___/___ Ending date ___/___/___ End Rate of Pay \$ _____

Name of Employer: _____
Phone Number: _____
Address: _____
Your Job Title: _____
Your Responsibilities: _____
Reason for Leaving: _____
Name and job title of your supervisor: _____

Explain any gaps in employment:

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Explain any awards, certifications, memberships, training, or skills that you feel will be an asset to employment with the Diocese of Gary:

PERSONAL REFERENCES

Please do not list relatives as personal references. You may use employees of the Diocese of Gary.

Name: _____

Phone Number: _____ **Alternate phone:** _____

Occupation: _____

Address: _____

Name: _____

Phone Number: _____ **Alternate phone:** _____

Occupation: _____

Address: _____

Name: _____

Phone Number: _____ **Alternate phone:** _____

Occupation: _____

Address: _____

List any other information you would like to have considered:

The Diocese of Gary is an Equal Opportunity Employer. We consider all applicants without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria. No part of this application will be used for the purpose of excluding or limiting any applicant's employment on any basis prohibited by local, state and federal law.

READ THE FOLLOWING STATEMENT CAREFULLY, THEN SIGN AND DATE THE STATEMENT.

I understand and agree that any misrepresentation or falsification by me in this application will be sufficient cause to cancel this application, and/or if I am employed by the Diocese of Gary to cause termination of my employment.

I understand that I may resign at any time, and the Diocese of Gary has the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the Diocese of Gary has the right or authority to make any claim to the contrary.

I give the Diocese of Gary permission to investigate all references and secure additional job related information. I release from liability any representative of the Diocese of Gary in seeking such information.

I understand that this application is current for only 90 days. At the conclusion of that time, if I wish to be considered for employment, I will need to make a new application.

Signature of applicant: _____

Printed Name: _____

Date: _____



Catholic Diocese of Gary Employee Information Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apt/Unit #*

City *State* *Zip Code*

Home Phone: _____ **Alternate Phone:** _____

Email: _____

SSN: _____ **Date of Birth:** _____

Education

Please circle your highest level of education completed: Elementary High School College Graduate School

Please list any special training or certification: _____

Emergency Contact Information

In an Emergency Notify: _____ **Relationship** _____
Last *First*

Home Phone: _____ **Work Phone:** _____

Do you have any existing medical conditions or allergies that you would like to make known to us: _____

Signature: _____

Date: _____

Position Information

-For Office Use

Title: _____ **Department:** _____

Supervisor: _____ **Start Date:** _____

Full-time/Part-time **Status:** **Salaried/Hourly** **Salary/Hourly Amount:** _____

County of Residence: _____

Marital Status: Married Single Married/Withhold at Single Rate

Benefits Accepted:

Health/Life Coverage	Employee Only	Employee+One	Employee+ Family
Dental	Employee Only	Employee+One	Employee+ Family
Vision	Employee Only	Employee+One	Employee+ Child(ren) Employee+Family
403(b)	Y/N		

Notes: _____

Termination Date: _____ **Vacation Due:** _____

New Hire Forms Checklist

-For Office Use-

All Employees	Benefits Eligible Employees
Employment Information Form	Waiver of Coverage
Direct Deposit including voided check	Employee Benefits Information Form
I-9 (employment eligibility verification) with acceptable documents	Anthem Health Enrollment Application
W-4 Federal Withholding	Dental/Vision Enrollment Application
WH-4 –State Withholding	Authorization for Payroll Deduction
Conflict of Interest Disclosure	Dearborn National Beneficiary Form
Guidelines for a Safe Environment for Our Youth	
Offer letter	
Job Description	
Job Mutual of America Employee Enrollment Form 403(b)Description	



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
OR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)	City or Town	State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Verificación de Elegibilidad de Empleo
Departamento de Seguridad Nacional
 Servicio de Ciudadanía e Inmigración de Estados Unidos

USCIS
Formulario I-9
 No. OMB 1615-0047
 Expire 10/31/2022

► **EMPIECE AQUÍ:** Lea cuidadosamente las instrucciones antes de completar este formulario. Las instrucciones deben estar disponibles, ya sea en papel o electrónicamente, mientras se completa este formulario. Los empleadores son responsables de los errores en al llenar este formulario.

AVISO CONTRA LA DISCRIMINACION: Es ilegal discriminar a las personas autorizadas a trabajar. Los empleadores **NO** pueden especificar qué documento(s) un empleado puede presentar para establecer la autorización de empleo e identidad. La negativa a contratar o seguir empleando a una persona porque la documentación presentada tiene una fecha de expiración futura, también puede constituir una discriminación ilegal.

Sección 1. Información del Empleado y Declaración (Los empleados deben completar y firmar la Sección 1 del Formulario I-9 antes del primer día de trabajo, pero no antes de aceptar una oferta de trabajo.)

Apellido (Nombre Familiar)		Primer Nombre (Nombre de Pila)		I.S.N.	Otros apellidos usados (si alguno)	
Dirección (Número y Nombre de la Calle)			Número de Apt.	Ciudad o Pueblo		Estado ▼
Código Postal	Fecha de Nacimiento (mm/dd/aaaa)	Número de Seguro Social de EE.UU.	Dirección de correo electrónico del empleado		Número de Teléfono del Empleado	

Soy consciente de que la ley federal establece penas de prisión y/o multas por falsos testimonios o el uso de documentos falsos en al momento de llenar este formulario.

Doy fe, bajo pena de perjurio, que soy (marque una de las siguientes casillas):

<input type="checkbox"/> 1. Un ciudadano de los Estado Unidos
<input type="checkbox"/> 2. Un nacional no ciudadano de los Estados Unidos (Vea las instrucciones)
<input type="checkbox"/> 3. Un residente permanente legal (Número de Registro de Extranjero / Número de USCIS): _____
<input type="checkbox"/> 4. Un extranjero autorizado a trabajar hasta (fecha de expiración, si aplica, mm/dd/aaaa): _____ Algunos extranjeros pueden escribir "N/A" en el campo de fecha de expiración. (Vea las instrucciones) Los extranjeros autorizados a trabajar deben proporcionar solamente uno de los siguientes números de documento para completar el Formulario I-9: Un Número de Registro Extranjero / Número de USCIS, Número de Admisión del Formulario I-94 o Número de Pasaporte Extranjero 1. Número de Registro Extranjero / Número de USCIS: _____ <input type="radio"/> 2. Número de Admisión del Formulario I-94: _____ <input type="radio"/> 3. Número de Pasaporte Extranjero: _____ País de Emisión: _____ ▼

Código QR - Sección 1
No escriba en este espacio

Firma del Empleado	Fecha de Hoy (mm/dd/aaaa)
--------------------	---------------------------

Certificación del Preparador y/o Traductor (marque uno):
 No utilicé un preparador o traductor Un preparador o preparadores y/o traductor(es) asistieron al empleado en completar la Sección 1
 (Los campos a continuación deben ser completados y firmados cuando preparadores y/o traductores asistan a un empleado a completar la Sección 1.)

Doy fe, bajo pena de perjurio, que he asistido en completar la Sección 1 de este formulario, y que a mi mejor entender, la información es verdadera y correcta.

Firma del Preparador o Traductor		Fecha de Hoy (mm/dd/aaaa)	
Apellido (Nombre Familiar)		Primer Nombre (Nombre de pila)	
Dirección (Número de Calle y Nombre)		Ciudad o Pueblo	Estado ▼
		Código Postal	





Verificación de Elegibilidad de Empleo
Departamento de Seguridad Nacional
 Servicio de Ciudadanía e Inmigración de Estados Unidos

USCIS
Formulario I-9
 No. OMB 1615-0047
 Expire 10/31/2022

Sección 2. Revisión y Verificación del Empleador o Representante Autorizado

(Los empleadores o representantes autorizados deberán completar y firmar la Sección 2 dentro de 3 días hábiles después del primer día de trabajo del empleado. Usted examinar físicamente un documento de la Lista A o una combinación de un documento de la Lista B y un documento de la Lista C, como se indica en las "Listas de Documentos Aceptados".)

Información del Empleado de la Sección 1	Apellido (Nombre Familiar)	Primer Nombre (Nombre de Pila)	I.S.N.	Estatus de Ciudadanía/Inmigración
--	----------------------------	--------------------------------	--------	-----------------------------------

Lista A Identidad y Autorización de Empleo	O	Lista B Identidad	Y	Lista C Autorización de Empleo
Título del Documento		Título del Documento		Título del Documento
Autoridad Emisora		Autoridad Emisora		Autoridad Emisora
Número de Documento		Número de Documento		Número de Documento
Fecha de Expiración (si alguna) (mm/dd/aaaa)		Fecha de Expiración (si alguna) (mm/dd/aaaa)		Fecha de Expiración (si alguna) (mm/dd/aaaa)
Título del Documento		Información Adicional		Código QR - Sección 2 & 3 No escriba en este espacio
Autoridad Emisora				
Número de Documento				
Fecha de Expiración (si alguna) (mm/dd/aaaa)				
Título del Documento				
Autoridad Emisora				
Número de Documento				
Fecha de Expiración (si alguna) (mm/dd/aaaa)				

Certificación: Doy fe, bajo pena de perjurio, que (1) He examinado el documento o documentos presentado(s) por el empleado mencionado anteriormente, (2) el documento o documentos antes indicado(s) parece(n) ser genuino(s) y se refiere al empleado mencionado y (3) a mi mejor entender el empleado está autorizado a trabajar en los Estados Unidos

Primer día de trabajo del empleado (mm/dd/aaaa): _____ *(Vea las instrucciones para excepciones)*

Firma del Empleador o Representante Autorizado	Fecha de Hoy (mm/dd/aaaa)	Título del Empleador o Representante Autorizado		
Apellido del Empleador o Representante Autorizado	Primer Nombre del Empleador o Representante Autorizado	Nombre de la Empresa u Organización del Empleador		
Dirección de la Empresa u Organización del Empleador (Número y Nombre de la Calle)		Ciudad o Pueblo	Estado	Código Postal

Sección 3. Re-Verificación y Recontrataciones (Para ser completado y firmado por el empleador o representante).

A. Nuevo nombre (si aplica)			B. Fecha de recontratación (si aplica)	
Apellido (Nombre Familiar)	Primer Nombre (Nombre de pila)	I.S.N.	Fecha de Hoy (mm/dd/aaaa)	

C. Si el otorgamiento anterior de autorización de empleo del empleado ha expirado, proporcione la información para el documento o recibo que establece la continuación de autorización de empleo en el espacio proporcionado debajo.

Título del Documento	Número de Documento	Fecha de Expiración (si alguna) (mm/dd/aaaa)
----------------------	---------------------	--

Doy fe, bajo pena de perjurio, que a mi mejor entender, este empleado está autorizado a trabajar en los Estados Unidos, y si el empleado presentó documento(s), el documento o los documentos que he examinado parecen ser genuino(s) y estar relacionado(s) con el individuo.

Firma del Empleador o Representante Autorizado	Fecha de Hoy (mm/dd/aaaa)	Nombre del Empleador o Representante Autorizado
--	---------------------------	---

LISTAS DE DOCUMENTOS ACEPTABLES

Todos los documentos deben estar vigentes (NO ESTAR VENCIDOS)

Los empleados pueden presentar una selección de la Lista A
o una combinación de una selección de la Lista B y uno de selección de la Lista C.

LISTA A Documentos que Establecen la Identidad y Autorización de Empleo	LISTA B Documentos que Establecen la Identidad	LISTA C Documentos que Establecen la Autorización de Empleo
<ol style="list-style-type: none"> 1. Pasaporte de EE.UU. o tarjeta de pasaporte de EE.UU. 2. Tarjeta de Residente Permanente o Tarjeta de Recibo de Registro de Extranjero (Formulario I-551) 3. Pasaporte extranjero con sello I-551 temporal o anotación impresa I-551 temporal en una visa de inmigrante legible por máquina 4. Documento de Autorización de Empleo que contenga una fotografía (Formulario I-766) 5. Para un extranjero no inmigrante autorizado a trabajar para un empleador específico debido a su estatus: <ol style="list-style-type: none"> a. Pasaporte extranjero; y b. Formulario I-94 o Formulario I-94A que tenga la siguiente: <ol style="list-style-type: none"> (1) El mismo nombre en el pasaporte y (2) Una ratificación del estatus de no inmigrante extranjero, siempre y cuando dicho período de ratificación aún no haya expirado y el empleo propuesto no esté en conflicto con las restricciones o limitaciones identificadas en el formulario. 6. Pasaporte de los Estados Federados de Micronesia (FSM por sus siglas en inglés) o la República de las Islas Marshall (RMI por sus siglas en inglés) con el Formulario I-94 o Formulario I-94A que indique la admisión de no inmigrante bajo la Tratado de Libre Asociación entre los Estados Unidos y el FSM o RMI 	<ol style="list-style-type: none"> 1. Licencia de conducir o tarjeta de identificación emitida por un estado o posesión periférica de los Estados Unidos, siempre que contenga una fotografía o información, tal como nombre, fecha de nacimiento, género, estatura, color de ojos y dirección. 2. Tarjeta de identificación emitida por agencias o entidades gubernamentales federales, estatales o locales, siempre que contenga una fotografía o información tal como nombre, fecha de nacimiento, género, estatura, color de ojos y dirección. 3. Tarjeta de identificación escolar con una fotografía 4. Tarjeta de Registro de Votante 5. Tarjeta Militar de EE.UU. o récord de selección 6. Tarjeta de identificación de dependiente militar 7. Tarjeta de Marino Mercante de Guardacostas de EE.UU. 8. Documento tribal nativo americano 9. Licencia de conducir emitida por una autoridad gubernamental canadiense <li style="text-align: center;">Para las personas menores de 18 años que no pueden presentar un documento mencionado anteriormente: 10. Registro escolar o tarjeta de calificaciones 11. Registro clínico, médico o de hospital 12. Registro guardería o escuela infantil 	<ol style="list-style-type: none"> 1. Una tarjeta con Número de Seguro Social, a menos que la tarjeta incluya una de las siguientes restricciones <ol style="list-style-type: none"> (1) NO VÁLIDO PARA EMPLEO (2) VÁLIDO PARA TRABAJAR SOLO CON AUTORIZACIÓN DE INS (3) VÁLIDO PARA TRABAJAR SOLO CON AUTORIZACIÓN DE DHS. 2. Certificado de informe de nacimiento expedido por el Departamento de Estado (Formularios DS-1350, FS-545, FS-240). 3. Original o copia certificada del Certificado de Nacimiento expedida por un estado, condado, autoridad municipal o territorio de los Estados Unidos con sello oficial. 4. Documento tribal nativo americano 5. Tarjeta de Identificación de Ciudadano de EE.UU. (Formulario I-197) 6. Tarjeta de Identificación para el Uso de Ciudadano Residente en los Estados Unidos (Formulario I-179) 7. Documento de Autorización de Empleo emitido por el Departamento de Seguridad Nacional

Ejemplos de muchos de estos documentos aparecen del Manual para Empleadores (M-274).

Consulte las instrucciones para más información sobre recibos aceptables.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

Step 4 (optional):
Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer's name and address

First date of employment

Employer identification number (EIN)



Form WH-4
State Form 48845
(R8 / 9-22)

State of Indiana
Employee's Withholding Exemption and County Status Certificate
This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ ZIP Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1"
Nonresident aliens must skip lines 2 through 7. See instructions
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1"
3. You are allowed one (1) exemption for each dependent. Enter number claimed
4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.
Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind
Enter the total number of boxes checked
5. Add lines 1, 2, 3, and 4. Enter the total here
6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).
7. You are entitled to claim an additional exemption for each adopted qualifying dependent (see instructions).
8. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____
9. Enter the amount of additional county withholding (if any) you want withheld each pay period \$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$4,400 gross income during the tax year (unless the person is your child and either (1) is under age 19 or (2) is under age 24 and a full-time student at a qualified educational institution during at least 5 months of the tax year).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Line 7 - Additional Adopted Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on lines 3 and 6 and have been adopted by you or your spouse. The dependent child must be a son, stepson, daughter, or stepdaughter. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Lines 8 & 9 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) a dependent no longer qualifies for an additional dependent or an adopted dependent exemption.

Penalties are imposed for willfully supplying false information or information which would reduce the withholding exemption.



**Diocese of Gary
Reference Check for Applicant**

Applicant Name: _____ **Position** _____

Reference Name: _____ **Company & phone:** _____

1. How long did _____ work at _____ ?

2. Please confirm the rate of pay: _____
3. Were you a supervisor, co-worker or customer? _____
4. Would you rehire _____ ? Why or why not?

5. What would you say _____ 's strengths are?

6. Areas for improvement?

7. Do you have any words of wisdom to a future supervisor of _____ ?

8. Any additional comments?

Reference Checked by: _____

Date: _____

Diocese of Gary Guidelines for a Safe Environment for Our Youth

These guidelines support the Diocese of Gary Safe Environment Plan viz., the policy regarding "*Sexual Misconduct Toward Minors and Others at Risk.*" The guidelines describe actions and/or responses that are rooted in sound, appropriate, approved practices.

Youth are identified as those who have not graduated from high school nor have reached their 18th birthday.

Expectations

Adult Supervisors and Clergy

- Conduct themselves in a manner that reflects the teachings of the Roman Catholic Church in mind and deed.
- Are in compliance with the Diocese of Gary Safe Environment requirements – this includes young adults 18-21 years of age.
- Are 21 years of age or older; young adults 18-21 may be allowed to serve in a supervisory role provided that they are accompanied by at least one adult 21 years of age or older who is Virtus trained.
- Have authorized criminal background and reference checks.
- Are aware of state laws regarding mandated reporting of abusive or inappropriate behaviors toward youth.
- Report incidences or suspicions of abusive and/or inappropriate behaviors toward youth to immediate superiors and/or appropriate authorities.
- Submit a "Diocese of Gary Adult Driver Information Form," as needed, to the appropriate authority; provide appropriate license and insurance information.

Supervision

Adult Supervisors and Clergy

- Ensure that a "Release Form" is completed by parent/guardian when activities are held away from the parish/school; a health form is submitted before allowing youth to participate in on-going athletic events.
- Provide for an adequate number of adults at all youth events; a recommended ratio of adult leaders to youth is 1:7; with the ratio not to exceed 1:10.
- Secure additional adults for any event involving youth in high risk or overnight settings; secure male and female chaperones when both sexes of youth are present.
- Never schedule activities that conflict with curfew laws governing minors.
- Closely monitor facilities, church services and other environments when youth are present; never give youth keys to any church/school facilities.
- Never administer medication of any kind to youth without written parent/guardian permission.

- Never use any form of physical discipline.
- Release youth only to the custodial parent, guardian, or other adult designated by parent.
- Use a “buddy system” when events are held away from church/school property, e.g., never permit a child to leave the group or cross a road alone while in custodial care.

Behavioral

Adult Supervisors and Clergy

- Never engage in topics, humor, vocabulary, recordings, films, games or the use of technology that could not be used comfortably in the presence of parents/guardians.
- Always hold one-on-one meetings with youth in areas that are visible and accessible, if such an area is not available the door to the meeting room is left open and another staff member is notified.
- Never drive alone with a youth or meet with a youth alone in a residence, hotel, locker or rest rooms, a dressing facility or in any other closed or isolated area.
- Never share a bed with youth; no adult should share a sleeping room with youth unless they are a direct family member.
- Never take unaccompanied youth on a trip, e.g., to a cottage, without other adults present.
- Never purchase or share alcohol, drugs, cigarettes, videos or reading materials that are inappropriate with youth.
- Never be in possession of or drink alcohol while supervising minors or participating in a youth event.
- Take care to avoid initiating hugs; if a youth initiates physical contact, a limited response is appropriate.

Technology, Social Media and Networking

A. Registration Technologies and Securing Private Information

Adult Supervisors and Clergy

- Ensure that no sensitive personal information – particularly financial information (credit card and/or checking account numbers) and secure identifiers (social security numbers) - is ever transmitted through e- mail or web pages.
- Handle all financial transactions “in real time” that is, on a commerce website that can process credit card transactions online, assuring that no financial data need be communicated to the parish/organization.
- Do not create forms using technology that is beyond the technical competence of the webmaster or staff person responsible for registration forms; contact a technology/ web solution provider for assistance.

B. Websites/Social Media

Adult Supervisors and Clergy

- Are informed of terms of use, age restrictions and privacy options and controls for any site prior to establishing a ministry presence.

- Always inform parents that a social networking site is being used as a standard part of the ministry.
- Establish separate sites and pages for personal and professional/ministerial use; the official organizational logo or standard images appear on the organization's official site to identify it as such.
- Be vigilant that on personal or networking sites you represent yourself as a minister of the Catholic Church in all interactions that may be viewed publicly.
- Allow at least two other adults, who function in an official parish, school and/or organizational capacity, full administrative access to the account/sites; provide them with e-mail alerts of page updates and activity.
- Never advertise or make personal pages and/or information accessible to youth.
- Always avoid anything that might cause scandal to your ministry; never mention inappropriate use of alcohol, advocacy of inappropriate music/movies, inappropriate language, inappropriate dress or the expression of opinions that are contrary to the teaching of the Catholic Church.
- Never initiate a "friend request."
- Never "tag" or identify, by name, youth in photographs; it is recommended that the "no tagging" option be set on the original social networking site.
- Never post personal photographs or information of parish, school, or organization staff or volunteers; this includes family pictures, social events, home phone numbers and addresses, personal e-mail accounts, etc.

C. E-Mail and Text/Instant Messaging

Adult Supervisors and Clergy

- Always inform parents/guardians of the use of e-mail or instant messaging for communication purposes with minors as a standard part of youth ministry.
- Always maintain separate e-mail accounts for personal/professional communications.
- Use the parish, school or organizational e-mail account when communicating parish, school or organizational business - never a home or personal account.
- Ensure that all communications are professional and that these are being rendered on behalf of the parish, school or organization.
- Use e-mail and instant messaging only in matters that deal with one's professional relationship or in matters related to the ministry/activity.
- Remember that there is no such thing as a private e-mail/instant message.
- Observe the same boundaries used in oral/personal communication when communicating via e-mail/text messages.
- Avoid overstepping the boundaries of adult/youth relationships; avoid communication that might be construed as having sexual overtones; never reply to any such e-mail; make and keep a copy of any such inappropriate communication and notify a supervisor if necessary.
- Avoid engaging in any postings/communications that could be misconstrued or misinterpreted remembering that e-mail, text messages and instant messages can be logged, archived and forwarded to other parties.
- Always double check messages to see if a reader might read something into it that is not intended or if the message might be misinterpreted or misunderstood.
- Remember that communications are organizational in nature, may be viewed by the organization at any time and may be subject to legal action.

- Avoid sending a message in haste or when emotions are involved.
- Establish clear guidelines/parameters with regard to times of communication between adults and youth; predetermine a time when it is too late to take a professional call, except in the case of serious urgency.

D. Blogging

Adult Supervisors and Clergy

- Ensure that all professional/ministerial settings, posted information, opinions, references and resources are in compliance with the teachings of the Catholic Church and are being rendered on behalf of the parish, school or organization.
- Inform parents/guardians of the use of blogging with minors as a standard part of youth ministry.
- Utilize blogs to promote upcoming events or programs and for the purpose of evangelization providing resources and information within ministry settings
- Ensure that if youth are to engage in blogging as part of an officially sanctioned activity, the activity is monitored by at least two adults, no youth is identified by name or personal information and inappropriate blogs are removed.
- Separate personal/professional communications; do not use blogs to conduct or promote outside business and/or personal activities; never make information regarding personal blogs available to youth.
- Never divulge the name or any personal information regarding those being ministered to.

E. On Line Video, Chat Rooms, Skype and “Face Time”

Adult Supervisors and Clergy

- Always inform parents/guardians of the use of such communication with minors as a standard part of youth ministry.
- Remember that when presenting personal opinions and engaging in chats/discussions, others may assume these opinions represent the teachings/values of the Catholic Church.
- Use streaming video only for education, communication and promotional purposes.
- Never use live streaming, one-on-one video or other communication technologies that lead to, support or encourage an exclusive minor-adult relationship.
- Take extreme care to protect the privacy of youth when posting videos on line; such videos are utilized only to showcase/advertise ministry-related events and activities.

Photographic images of youth – youth under age of 13

Adult Supervisors and Clergy

- Always obtain written permission from the parent/guardian to use any photographic images for publicity/marketing such as brochures, newsletters or web sites.
- Never include the youth’s name, or contact information in photos that are published.

Photographic images of youth – youth between the ages of 13 and 18

- Always obtain written permission from the parent/guardian to use any identifiable photographic images for publicity/marketing such brochures, fliers, web sites.
- Always obtain written permission when using youth in a planned project, e.g., using youth as “models” and the photographic images are identifiable.
- Always obtain written permission from parent/guardian for any type of video that show youth doing work or in discussion; this video is considered an “education record.”

The safest photographic images of youth over 13 used for publicity/marketing are unidentifiable images, i.e., those images taken at a distance, from the side, from the top or of a large group activity.

For Clergy

- Always notify parent/guardian of scheduled one-on-one pastoral care of youth.
- Always schedule session at times and locations that allow for security and accountability.
- Always limit the length and number of sessions; make professional referrals appropriately.
- Never allow individual youth to socialize in the rectory; ensure other priests or adults are present.
- Never allow youth into the sleeping areas of the rectory; only the families of priests and seminarians may be overnight guests in the rectory.

General considerations and practical suggestions

Adult Supervisors and Clergy

Contact with youth that is permissible

Verbal praise	Hugs initiated by youth	Blessings on the head
Pats on the shoulders or back	Holding hands with small children	Holding hands during prayer

Contact with youth that is never permissible

Verbal abuse/Sexual innuendo	Inappropriate/lengthy embraces	Any type of massage given by an adult to a minor
Touching knees or legs	Tickling	Any form of unwanted affection/physical contact
Piggy back rides	Holding children over age four on the lap	
Wrestling		
Kissing		