

**DIOCESE OF OWENSBORO**  
**ACKNOWLEDGMENT OF RECEIPT OF**  
**SUMMARY OF SEXUAL ABUSE POLICY AND PROCEDURES**

Parish/School/Institution/Agency\_\_\_\_\_

I, \_\_\_\_\_, (please print) the undersigned Employee/Volunteer (circle one), have received and read a copy of the *Summary of the "Statement of Policy and Procedures on Sexual Abuse" for the Diocese of Owensboro*. I am aware that I can access the sexual abuse policy for lay personnel at <http://www.owensborodio.org/policy.html#other> or by requesting a copy of the policy from the Office for Safe Environment (270-683-1545). I fully understand and accept the policy, and I agree to abide by this policy.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Position \_\_\_\_\_

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

**Paid personnel and Volunteers:** Return form to your immediate supervisor

To ensure that this document is distributed, signed and returned, the following persons will be responsible for coordination:

1. Catholic Pastoral Center employees and volunteers - Coordinator of Staff
2. Parish employees and Volunteers - Pastor or delegated representative
3. School employees and Volunteers - Principal or delegated representative

Coordinators should keep all forms on file at the place of ministry, available for review by appropriate diocesan personnel at any time (to meet directives of the annual compliance audit).

\*\*\*Keep original in Diocesan Policy Manual. Maintain a signed copy for your records.

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