Parish/Town:	Parish Number:	



Statement of Receipt and Agreement

Lay Employees and Volunteers

By signing this statement, I acknowledge that I have received (electronically or in printed form) the *Diocese of Helena Policy Regarding Abuse of Minors, Sexual Misconduct, and Sexual Harassment* (hereafter: Policy) amended and issued in 2015. I understand that the printed text is available at the Diocese of Helena, on the diocesan website, and at all parish offices. I have been given the opportunity to read and ask questions about the Policy.

Further, by signing this statement, I agree to abide by all the provisions contained in the **Policy**. I understand that this agreement is required for me to serve in any capacity of ministry, or to be employed by or volunteer for the Diocese of Helena, its parishes, schools, institutions, offices, or programs.

I understand that failure to comply with the **Policy** subjects me to the responses outlined there, including termination.

Date	Signature
	Signature of witness
ted Name of Signer:	



Statement of Receipt and Agreement Priests and Deacons

By signing this statement, I acknowledge that I have received (electronically or in printed form) the Diocese of Helena **Policy Regarding Abuse of Minors, Sexual Misconduct, and Sexual Harassment** (hereafter: Policy) amended and issued in 2015. I understand that the printed text is available at the Diocese of Helena, on the diocesan website, and at all parish offices. I have been given the opportunity to read and ask questions about the Policy.

As a priest or deacon of the Diocese of Helena, or a priest or deacon serving here with the permission of my bishop or religious superior, I acknowledge the responsibilities of my ordination. I agree to abide by this policy.

I understand that failure to abide by this policy subjects me to the responses outlined therein, including termination of faculties, change of residence, the requirement for psychological assessment and/or treatment, the assignment of a monitor, and the possibility of a recommendation that I seek laicization and/or the instituting of an appropriate canonical penal process.

Date	Signature
	Signature of witness
Printed Name of Signer	



Statement of Receipt and Agreement Women and Men Religious

(Sisters or Brothers)

By signing this statement, I acknowledge that I have received (electronically or in printed form) the *Diocese of Helena Policy Regarding Abuse of Minors, Sexual Misconduct, and Sexual Harassment* (hereafter: **Policy**) amended and issued in 2015. I understand that the printed text is available at the Diocese of Helena, on the diocesan website, and at all parish offices. I have been given the opportunity to read and ask questions about the **Policy**.

As a woman or man Religious, serving in the Diocese of Helena with the permission of my religious superior, I acknowledge the responsibilities of my religious vows. I agree to abide by this policy.

I understand that failure to abide by this policy subjects me to the responses outlined therein, including the requirement for psychological assessment and/or treatment, withdrawal of permission to function as a minister in the Diocese, and the instituting of an appropriate canonical penal process.

Date	Signature
	Signature of witness
Printed Name of Signer:	



Statement of Receipt and Agreement

Those Seeking Sponsorship as a Seminarian Applicants for the Permanent Deacon Formation Program

By signing this statement, I acknowledge that I have received (electronically or in printed form) the *Diocese of Helena Policy Regarding Abuse of Minors, Sexual Misconduct, and Sexual Harassment* (hereafter: **Policy**) amended and issued in 2015. I understand that the printed text is available at the Diocese of Helena, on the diocesan website, and at all parish offices. I have been given the opportunity to read and ask questions about the **Policy**.

As one applying for sponsorship as a seminarian in the Diocese of Helena, or applying to the Diocese of Helena Program of Formation for Permanent Deacons, I agree to abide by this Policy.

Further I understand that failure to abide by the Policy subjects me to the responses outlined therein, including withdrawal of diocesan sponsorship if I am a seminarian, termination of the formation program if I am a permanent deacon candidate, and following ordination, the termination of faculties, requirement of a change of residence, the requirement for psychological assessment and/or treatment, the assignment of a monitor, and the possibility of a recommendation that I seek laicization and/or the instituting of an appropriate canonical penal process.

Date	Signature
	Signature of witness
Printed Name of Signer:	