

**NORMS FOR PROHIBITION OF SEXUAL ABUSE AND MISCONDUCT  
VOLUNTEER RECEIPT ACKNOWLEDGMENT**

I, \_\_\_\_\_, acknowledge that I have received the  
(Name of Volunteer)

Diocese of Rockford's Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults of the Diocese of Rockford. I agree that I will read and abide by the provisions of these norms as a volunteer of the Diocese.

Also, I acknowledge that the Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults that I have received this date replace all prior policies or regulations that I may have received from the Diocese. I agree that those former policies or regulations are no longer in force of effect.

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

Volunteer Name: \_\_\_\_\_

Institution: \_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_  
WITNESS

**Return this form to the Parish/School/Diocesan entity you identified on this form.**