OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION OFFICE OF THE SECRETARY POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN 2022 POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date	Signature of Clergy/Religious/Employee/Volunteer
Location	
Printed Name	

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PENNSYLVANIA 18102



OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION OFFICE OF THE SECRETARY POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN POLICIES AND PROCEDURES REGARDING 2022 CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date	Signature of Clergy/Religious/Employee/Volunteer
Location	
Printed Name	

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PENNSYLVANIA 18102



OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION OFFICE OF THE SECRETARY POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

Attachment 2

DIOCESE OF ALLENTOWN POLICIES FOR CREATING AND ADMINISTERING CHURCH WEBSITES AND SOCIAL MEDIA ACCOUNTS

ACKNOWLEDGMENT AND CONSENT FORM

Any Church Representative creating or administering a website or Social Media account on behalf of the Diocese or any of its parishes, schools, or ministries, must read and sign the Acknowledgment Form.

By signing below, I acknowledge and agree to the following:

I have received, read, and understand the Diocese of Allentown's *Social Media and Electronic Communication Policies* and *Policies for Creating and Administering Church Websites and Social Media Accounts* (collectively, the "Policies").

I understand and agree to abide by the Policies, which may be updated from time to time.

I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry or other service.

Church-related websites or Social Media accounts shall be owned by the Diocese of Allentown or the parish, school, or ministry for which the website or Social Media account was created or used. Neither I, nor any other individual, shall have or assert any ownership rights in any such websites or Social Media accounts, regardless of the name or contact information under which the website or Social Media account was created or registered.

I understand and agree that if I assert personal ownership rights over or take steps to exclude the Diocese of Allentown from accessing any website or Social Media account created or used for or on behalf of the Diocese, the Diocese shall be entitled to injunctive relief and to recover from me all costs and expenses incurred in pursuing relief, including attorneys' fees

I understand and agree that the Diocese shall have the authority to access all content and administrative controls of any website or Social Media account created or used for, or on behalf of, the Diocese or its parishes, schools, or ministries.

I hereby irrevocably consent to giving the Diocese full access to and control of any and all websites and Social Media accounts created or used for or on behalf of the Diocese or its parishes, schools, or ministries.

Date	Signature of Clergy/Religious/Employee/Volunteer
Location	Printed Nam
	OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PENNSYLVANIA 18102



OFFICE OF CATHOLIC HEALTH, HUMAN SERVICES, AND YOUTH PROTECTION OFFICE OF THE SECRETARY POST OFFICE BOX F ALLENTOWN, PENNSYLVANIA 18105-1538

ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN POLICIES AND PROCEDURES REGARDING 2022 SOCIAL MEDIA AND ELECTRONIC COMMUNICATIONS

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications.

I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion. I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date	Signature of Clergy/Religious/Employee/Volunteer
Location	
Printed Name	 ,

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE, ALLENTOWN, PENNSYLVANIA 18102