

Policy and Procedures for Addressing Allegations of Sexual Misconduct

ANNUAL DECLARATION REGARDING PASTORAL CARE FOR 2007

PRINT CLEARLY

NAME TITLE *Clergy, Lay Employee or Volunteer Counselor*

CHURCH/INSTITUTION CITY

I declare that during the past year:

_____ I have not provided pastoral care to an individual for more than six sessions.

_____ I have provided such care to an individual for more than six sessions, but after six sessions I have sought and obtained professional supervision for such care or have referred the individual to professional counseling.

_____ I do not and will not charge a fee or accept a donation for such pastoral care performed within the scope and performance of my church employment.

_____ I have performed pastoral counseling outside of the scope and performance of my church employment and I possess valid and appropriate professional credentials under the laws of the State of California and I have attached hereto proof of professional liability insurance (other than through the Church Insurance Company), including coverage for Sexual Misconduct, in force at all times.

DATE _____

SIGNATURE

WITNESS _____

Instructions: This form is to be completed annually and sent to the diocese by November 1st by all clergy canonically resident in the diocese, all clergy licensed to perform sacerdotal functions in the diocese, and all lay persons who give pastoral care under the sponsorship of a parish, mission, day school or other institution of the diocese.