



Annual Verification of Protect and Heal Training

- As a paid staff member and/or volunteer in the Diocese of La Crosse, I acknowledge receipt of the *Revised Sexual Misconduct Policy and Procedures for the Diocese of La Crosse (Red Book)*, 10/18/97, *Revised Policy and Procedures of the Diocese of La Crosse Regarding the Sexual Abuse by Clergy (Green Book)*, 9/25/2019, and the Diocese of La Crosse Protect and Heal Policy and Procedures, and have read and understand the *Child Sexual Abuse Policy and Procedures of the Diocese of La Crosse* and *The Revised Policy and Procedures on Sexual Misconduct for the Diocese of La Crosse*.
- I agree, as a condition of service in the Diocese of La Crosse, to abide by these policies and procedures.
- I am not currently, nor ever have been in violation of this policy.
- I have also viewed the Protect and Heal Training Video.

Date watched: _____

Confidential Questionnaire

- I have reviewed the annual Confidential Questionnaire and verify that nothing has changed since last year.

Print Name

Signature

Date

Please return to your Parish/School office