Confidential Statement of Suitability

Concerning

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(You are free to provide additional comments on additional paper that is attached to this statement.)

To the best of my knowledge in the external forum, I am of the opinion that he is of good character and reputation. I believe that he is qualified to perform ministerial duties in an effective and suitable manner.

More specifically, I am unaware of anything in his background that would render him unsuitable to work with minor children.

Further, I have no knowledge that he has a current, untreated alcohol or substance abuse problem.

Therefore, I present him for admission to Saint Charles Borromeo Seminary, Overbrook.

Signed: ______________________________________________________________________________
Title __________________________________________________________________________________
Date: ______________________________________________________________________________

VOC DIR-1
Certification of Criminal Background Check and Freedom from Allegations of Sexual Misconduct with Minors

Concerning

__________________________________________________________  __________________________________________________________
Applicant’s Name (Arch)Diocese/Religious Community

This is to certify that the person named above is a seminarian sponsored by this (Arch)Diocese/Religious Community and is to the best of my knowledge, free of any and all allegations of sexual misconduct with minors.

☐ Freedom from any and all such allegations has been verified by a criminal background check and/or a child abuse history clearance.

☐ Criminal background check and/or child abuse history clearance is not available in this jurisdiction; freedom from any and all such allegations of sexual misconduct with minors has been alternatively established by other means of investigation (documentation attached).

Signed: ______________________________________________________________________________
Title ______________________________________________________________________________
Date: ______________________________________________________________________________
Authorization for the Release of Protected Health Information
(Not to be used for the release of psychotherapy notes)

The following is to be completed by the applicant for physicians providing any and all medical treatment, evaluation and/or consultation and all records related thereto.

Concerning

_________________________________________________ (Arch)Diocese/Religious Community

I, the undersigned, hereby express my intention to apply for admission to a program of priestly formation at Saint Charles Borromeo Seminary. To aid the Admissions Committee to assess my suitability for presbyteral ministry, I do hereby authorize ___________________________ (Doctor, Professional Names) to release any and all medical records, reports and/or documents to Saint Charles Borromeo Seminary to evaluate my application for entrance to a program for priestly formation and, in connection therewith, I waive any privilege to the confidential nature of the contents of the above-mentioned records, reports and/or documents.

This authorization shall not extend beyond disclosing information to the Admissions Committee, the Rector, or his delegate, and any professional consulted by the Admissions Committee nor shall it be used for any purposes other than those specifically stated herein.

If I am accepted for a program of priestly formation at Saint Charles Borromeo Seminary, I authorize the Rector of Saint Charles Borromeo Seminary, or his delegate, to share summaries of the information contained in the above-mentioned records, reports and/or documents with the Seminary’s Formation Committee which the Rector or his delegate consider necessary for the Seminary formation process.

I also authorize the Rector or his delegate to speak to the appropriate representative of my sponsoring (arch)diocese or religious community about any special issue which might exist. This authorization shall remain valid from the date of my signature below for a period of five (5) years.

I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to the person or organization authorized to release the identified information; however, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

I understand that to the extent that the information authorized to be released herein relates or refers to HIV/AIDS, substance/alcohol abuse, and/or genetic information, this authorization specifically permits release of such information.

I understand that the person or entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I have signed this authorization.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the information described herein.

The organization, facility, its affiliates, and all employees, agents, contractors and officers thereof are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

I certify that I have reviewed this form and that I fully understand its contents.

Applicant’s Name

Applicant’s Signature

Witness’ Name:

Witness’ Signature:

Location:

Date:

* If the applicant is under eighteen years of age, this form must also be signed by his parent or guardian.
The following is to be completed by the applicant for a psychological evaluation by a licensed psychologist or psychiatrist.

Concerning

_________________________________________________ (Doctor, Professional Names)

I, the undersigned, hereby express my intention to apply for admission to a program of priestly formation at Saint Charles Borromeo Seminary. To aid the Admissions Committee to assess my suitability for presbyteral ministry, I do hereby authorize (Arch)Diocese/Religious Community to release any and all psychotherapy, counseling and/or psychological notes and/or records about me to Saint Charles Borromeo Seminary. The release of this information is authorized to evaluate my application for entrance to a program for priestly formation at Saint Charles Borromeo Seminary and, in connection therewith, I waive any privilege to the confidential nature of the contents of the above-mentioned records and/or documents. This authorization shall not extend beyond disclosing information to the aforementioned Admissions Committee, the Rector, or his delegate, and any professional consulted by the Admissions Committee nor shall it be used for any purposes other than those specifically stated herein.

If I am accepted for a program of priestly formation at Saint Charles Borromeo Seminary, I authorize the Rector of Saint Charles Borromeo Seminary, or his delegate, to share summaries of the information contained in the above-mentioned records and/or documents with the Seminary’s Formation Committee which the Rector or his delegate may consider necessary for the Seminary formation process.

I also authorize the Rector or his delegate to speak to the appropriate representative of my sponsoring (arch)diocese or religious community about any special issue which might exist, including, but not limited to information related to psychiatric or psychological issues. This authorization shall remain valid from the date of my signature below for a period of five (5) years.

I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to the person or organization authorized to release the identified information; however, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that to the extent that the information authorized to be released herein relates or refers to HIV/AIDS, substance/alcohol abuse, and/or genetic information, this authorization specifically permits release of such information.

I understand that the person or entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I have signed this authorization. I understand that the information to be released may contain confidential information protected by State statute, and that State regulations limit the right of persons receiving it to make any disclosure of this information other than that authorized herein without my prior written consent.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the information described herein. The organization, facility, its affiliates, and all employees, agents, contractors and officers thereof are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

I certify that I have reviewed this form and that I fully understand its contents.

Applicant’s Name

Applicant’s Signature

Witness’ Name:

Witness’ Signature:

Location:

Date:

* If the applicant is under eighteen years of age, this form must also be signed by his parent or guardian.
Applicant Release Form

Concerning

_________________________________________  ____________________________________________
Applicant’s Name                          (Arch)Diocese/Religious Community

The applicant is asked to complete and sign the following release form.

I, the undersigned, hereby express my intention to apply for admission to a program of priestly formation at Saint Charles Borromeo Seminary under the sponsorship of the (Arch)Diocese/Religious Community of ____________________________________________________.

I give permission to the Rector of Saint Charles Borromeo Seminary, the Saint Charles Borromeo Seminary Admissions Committee, or their delegates, to conduct whatever investigation is deemed necessary for the consideration of my application. I understand and agree that any and all documents, letters, and other materials obtained or submitted in support of my application will be retained and used to conduct the investigation and that these documents and materials will not be returned to me.

I understand and agree that the Rector of Saint Charles Borromeo Seminary or his delegate may divulge confidential information about me to the rector or proper superior of any other seminary, religious order, or (arch)diocese to which I may apply if I am not accepted or choose not to participate in a program for priestly formation at Saint Charles Borromeo Seminary.

Likewise, I understand and agree that the Rector or his delegate may divulge confidential information about me to the rector or proper superior of any other seminary, religious order, or (arch)diocese to which I may apply if I subsequently discontinue for any reason in a program of priestly formation at Saint Charles Borromeo Seminary.

Applicant’s Name ____________________________________________________________

Applicant’s Signature __________________________________________________________________

Witness’ Name:  ________________________________________________________________

Witness’ Signature: __________________________________________________________________

Location:  _________________________________________________________________

Date:  _________________________________________________________________

* If the applicant is under eighteen years of age, this form must also be signed by his parent or guardian.
I testify that I make this agreement of my own free will.

With the intention of full disclosure of all information, any records or other information pertinent to my discontinuance in the below mentioned formation program/s, I hereby release all information to Saint Charles Borromeo Seminary and to the Rector and his delegate/s for admissions and formation.

Furthermore, I waive all claim to the information shared between bishop/s and/or religious superiors and/or seminary or formation personnel pertinent to my discontinuance in the below mentioned formation programs.

Lastly I understand that no individual possesses a right to acceptance as a candidate, to advancement in the seminary system, or to ordination, and that my application may be unilaterally terminated by me or by the Seminary at any time.

I, therefore, attest that I have accurately indicated such past affiliation(s) with a program(s) for priestly formation. I clearly understand that inaccurate, incomplete, or intentionally misleading information on my part will provide sufficient grounds for rejection of my application to Saint Charles Borromeo Seminary.

<table>
<thead>
<tr>
<th>Formation Programs Previously Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution/Dioce/Religious Community</td>
</tr>
<tr>
<td>Dates Attended or Dates of Sponsorship</td>
</tr>
</tbody>
</table>

Signed: ____________________________________________

Title: ____________________________________________

Date: ____________________________________________