

**GUIDELINES FOR YOUTH AND THOSE WORKING WITH YOUTH  
RECEIPT ACKNOWLEDGMENT**

I, \_\_\_\_\_, acknowledge that I have received the  
(Name)  
Diocese of Rockford's Guidelines for Youth and Those Working with Youth. I agree that  
I have read and will abide by these Guidelines when working with Youth.

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

Printed Name: \_\_\_\_\_

Parish/School/Diocesan Entity:

\_\_\_\_\_

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

Witness: \_\_\_\_\_

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