

APPLICATION GUIDANCE

I. BACKGROUND

A. Description of Review Board for the Diocese of Cleveland:

The Review Board was first established in 1989. The composition and functions of the current Review Board were expanded in the *Policy for the Safety of Children in Matters of Sexual Abuse* which was promulgated in March of 2003. The current Policy is the *Policy for the Safety of Children in Matters of Sexual Abuse: Revised, 2016*. The full Policy is published on the diocesan website for the Office for the Protection of Youth and Children at <https://www.dioceseofcleveland.org/childprotection>. Click on "Documents and Policies" in the bar at left.

The Review Board is a predominantly lay board composed of a variety of people appointed by the Bishop to serve in a consultative and advisory capacity on all aspects of sexual abuse of minors. It has no final decision-making authority, which authority resides exclusively with the Bishop.

This is a working board which does not rely on paid staff. Time is required for committee work and for preparation in addition to the regular meeting times. The workload varies. Each member of the Board is expected to be an active participant. The regular meetings of the full Board are held monthly for 1 1/2 hours; committee meetings each month are required; other meetings are scheduled as needed. Preparation outside of meetings is necessary.

B. The Review Board's Functions are:

- a. To assess reports which suggest sexual abuse of minors by clerics (8.5), and to advise the Bishop of its conclusions.
- b. To monitor, in each particular case, reports and investigations of sexual abuse of minors in order to ensure that this Policy has been followed.
- c. To review this Policy and its procedures and to provide the Bishop with its recommendations for any modifications to this Policy.
- d. To make recommendations concerning the suitability for ministry or service of priests or deacons against whom a report of sexual abuse of a minor has been made.
- e. To give advice on all aspects of cases in which sexual abuse of a minor is alleged, and to respond to any specific requests for advice as may be made by the Bishop.

In regard to non-clerics, the Review Board does not make a recommendation as to whether a violation of this Policy has occurred, unless requested by the Bishop. In such cases an administrative decision is to be made regarding the removal of the individual in accord with existing personnel policies within the diocese and diocesan parishes, institutions and organizations.

C. Description of Review Board Members:

The Review Board is composed of 11 members, which include persons with the following backgrounds whenever possible:

- A clinician with experience in the detection and/or treatment of child sexual abuse offenders;
- A clinician with experience in the detection and/or treatment of victims of childhood sexual abuse;
- A survivor of child sexual abuse who has completed a course of treatment;
- A parent (of child currently attending or who has attended parochial school);

- An experienced and respected pastor of the diocese;
- An accomplished educator;
- An attorney;
- An individual with investigation experience;
- An individual with experience in human resources.
- An individual trained in dispute resolution.

D. Eligibility Criteria – Pursuant to the Diocesan *Policy for the Safety of Children in Matters of Sexual Abuse: Revised, 2016*.

- Members of the Review Board will be Catholics in full communion with the Church.
- Members of the Review Board will not be employees of the Cleveland diocese.
- Members of the Review Board shall not concurrently serve on the Response Team. (See *Policy*)

E. Appointment

- Members of the Review Board will be appointed by the Bishop and will not receive compensation; they may be reimbursed for necessary expenses.
- Members are appointed to terms of five years.
- Terms will be staggered with no more than three persons’ terms expiring in any given year.
- No member will be appointed for more than two consecutive terms.

II. SELECTION PROCESS

The Review Board will make recommendations to the Bishop for additional or replacement Review Board members. (*Policy* at section 4.4.5)

A. An original and one copy of the Application and the Waiver, Authorization and Release should be sent to:

Review Board for the Diocese of Cleveland
 Attn: Search Committee
 Second Floor, Cathedral Square Plaza
 1404 E. Ninth Street
 Cleveland, Ohio 44114

B. Review Board members will read applications and select references to be consulted as needed. Applicants selected to be interviewed will be notified. The application includes a waiver for background and screening checks.

C. The Board will submit a recommendation(s) with supporting materials to the Bishop for his decision as to appointments.

**REVIEW BOARD LETTER OF INTENT/
MEMBERSHIP APPLICATION**

Please print clearly or type.

Date: _____

Name: _____
 (Last) (First) (Initial)

Ms. / Mrs. / Miss / Mr. / Dr. / Other

Address: _____ City: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

E-Mail: _____

Parish: _____ # years a member _____

Pastor: _____

Parish or other church-related committees or activities:

Education: ___ High School ___ College Graduate ___ Post-Graduate

Are you now or previously an employee of the Diocese of Cleveland? Yes _____ No _____

Employer: _____

Position or Title: _____

If you have a resume or curriculum vitae, please attach it to this application. Further information about yourself which you wish to share may be included in a letter or other attachment.

Please briefly describe your immediate family.

Select position you are eligible to fill (mark as many as apply):

- A clinician with experience in the detection and/or treatment of child sexual abuse victims
- A clinician with experience in the detection and/or treatment of child sexual abuse offenders
- A survivor of child sexual abuse who has completed a course of treatment
- A parent (of child currently attending or who has attended parochial school)
- A consecrated religious (or educator)
- An attorney
- An individual with experience in investigations
- An individual with experience in human resources
- An individual trained in dispute resolution
- Other _____

What qualities or skills do you bring to the Review Board position?

Describe your interest in becoming a member of the Review Board.

What do you consider the most important aspects of Review Board membership?

Have you ever been accused of sexual or other abuse of a minor? If Yes, explain briefly.

Do you have any personal knowledge of the facts or circumstances, past or present, surrounding an alleged case of sexual abuse involving the Cleveland Diocese? Yes _____ No _____

If yes, please explain:

Are you able to make 5-year commitment to the Review Board? Yes _____ No _____

Please indicate the time you will be able to give to the Review Board (check all that apply):

_____ 4 - 6 hours per week _____ 4 - 6 hours twice a month _____ 4 - 6 hours a month

List any other information about yourself you think would be important to share:

Have you ever been convicted of a misdemeanor or a felony (other than a minor traffic violation)?

Yes No

If yes, please state: Date _____ City/County _____ State _____.

Explain the nature of the offense: _____

Disposition: _____

Conviction of a crime will not necessarily disqualify an applicant.

Please list THREE references (non-family members; please do not include your pastor)

1.) NAME _____ Home # _____ Work # _____

Address _____ City _____ Cell # _____

This reference is a: Friend / Co-worker / Work Supervisor / Other: _____

2.) NAME _____ Home # _____ Work # _____

Address _____ City _____ Cell # _____

This reference is a: Friend / Co-worker / Work Supervisor / Other: _____

3.) NAME _____ Home # _____ Work # _____

Address _____ City _____ Cell # _____

This reference is a: Friend / Co-worker / Work Supervisor / Other: _____

I hereby certify that the facts set forth in this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of selection for or dismissal from Review Board service upon discovery thereof.

I hereby consent to permit the Review Board Selection Committee to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a Review Board position, including my background, volunteer and work experience, education, and any related matters. I expressly give my consent to any discussions regarding the foregoing.

Signature of Applicant

Date

**APPLICANT WAIVER, AUTHORIZATION FOR THIRD-PARTIES TO
PROVIDE INFORMATION, AND RELEASE FROM LIABILITY**

In connection with my application to the Review Board for the Diocese of Cleveland, I understand that a report containing personal and public record information might be requested from the Bureau of Criminal Identification and Information (BCII). Other reports may be requested, and other inquiries, written or oral, may be made to obtain the following: information from licensing agencies, names of previous employers; dates of employment; reasons for termination of employment; accidents; medical information; school records; personal and employment references, and other information about me which may be obtained from former employers and co-workers, neighbors, and friends. I further understand that such inquiries may request both public record information and non-public information concerning any driving record, workers' compensation claims, credit, bankruptcy proceedings, police and law enforcement agency reports and other related information from Federal, State and other agencies, which maintain such records, in addition to information from BCII.

I hereby **WAIVE** any right to privacy or confidentiality for the information described herein and **CONSENT** to the disclosure of such information to a representative of the Review Board for the Diocese of Cleveland.

I **AUTHORIZE**, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE REVIEW BOARD, INCLUDING THE OHIO BCII, to furnish the above-mentioned information.

I HEREBY **RELEASE** AND DISCHARGE THE Bureau of Criminal Identification & Information (BCII), the Review Board for the Diocese of Cleveland, and the Diocese of Cleveland, and their employees, agents, successors and assigns, from any and all liability that may arise out of the investigation of my background, and report concerning me as set forth above.

PRINT NAME:	
SOCIAL SECURITY #:	DRIVER'S LICENSE STATE AND NUMBER:
APPLICANT SIGNATURE: I agree to the above Waiver, Authorization, and Release of liability.	
WITNESS signature:	Date: