

## **“Independent Contractor” Request Form**

*Please use this form for all incoming Priests, Deacons, and Lay Speakers for any substitutes, sacraments, parish missions, retreats, workshops, etc. Any time a Priest, Deacon or Speaker **NOT** affiliated with the Diocese of New Ulm celebrates a sacrament or gives a presentation on Church property or on behalf of the Church, this form must be used. The requesting diocesan office/parish/school is responsible for any expenses incurred in obtaining an adequate criminal background check. **BOTH sides of this form must be filled out completely.***

Hosting Office/Parish/School: \_\_\_\_\_

Hosting Office/Parish/School Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Event Date(s): \_\_\_\_\_ (DD/MM/YY)

### **Please check all that apply:**

**The Person named below is a**       Priest       Deacon       Religious       Lay Person

**This Person is a**       Speaker       Substituting Priest       Sacramental Minister

**This Person will be working with children**       Yes       No

**This Priest/Deacon will be the Main Celebrant of a Sacrament** (Mass, baptism, marriage, etc.)  Yes  No

Event Description (retreat; conference; etc.): \_\_\_\_\_

\*Name of Incoming Priest/Deacon/Speaker: \_\_\_\_\_

\*Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Residence During Stay in Diocese of New Ulm: \_\_\_\_\_

\*From which Diocese/Religious Institution/Employer: \_\_\_\_\_

\*Contact Person (Ordinary/Religious Superior/Pastor/Employer.):

\_\_\_\_\_

\*Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Address: \_\_\_\_\_

Is stipend/fee over \$600.00?  Yes       No

\*If yes, MUST include incoming priest/deacon/speaker's Social Security Number: \_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

***\*Required Information (No approval process will begin without this!)***

(OVER)

With my signature below, I give you permission to contact my Bishop/Superior/Pastor/Employer for a recommendation. I understand that I am accountable for the information contained in the *Safe Environment Manual* of the Diocese of New Ulm, available at [www.dnu.org](http://www.dnu.org).

I understand that if my diocese/order/employer has a processed criminal background check on file dated within the past 5 years, I am responsible for forwarding a copy of it to you for comparison against the criteria New Ulm has established for adequate criminal background checks. If the background check does not meet these criteria, I will consent to a new background check to be processed by the Diocese of New Ulm, the cost paid by the hosting diocesan office/parish/school.

Sincerely,

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
DATE

.....  
**Return this form to:**  
**Diocesan Safe Environment Coordinator, Pastoral Center, 1400 6th Street North, New Ulm, MN 56073**

**FAX: Diocesan Safe Environment Coordinator at 507-354-3667**

*(Diocesan Use Only)*

Date letter of good standing requested: \_\_\_\_\_ Date received: \_\_\_\_\_

Date background check (BC) received: \_\_\_\_\_ Date BC approved: \_\_\_\_\_

SE Approved \_\_\_\_\_  
*(initials)*

Chancery Approved \_\_\_\_\_  
*(initials)*

D.Office/Parish/School Notified (date): \_\_\_\_\_