



DIOCESE OF GREAT FALLS-BILLINGS

Statement of Receipt and Agreement

Priests, Deacons, Religious, Paid Employees, School Employees, Cum Christo/Step II Leadership:

By signing this statement I acknowledge that I have received the **Diocese of Great Falls-Billings Sexual Ethics Policy**. I have been given the opportunity to read and ask questions about the policy.

Further, by signing this statement, I agree to abide by all the provisions contained in it. I understand that this agreement is required for me to serve in any capacity of ministry, or to be employed by the Diocese of Great Falls-Billings, its parishes, schools, institutions, offices, or programs. I understand that failure to comply with the policy subjects me to the responses outlined there, including termination.

I hereby acknowledge receipt of the **Diocese of Great Falls-Billings Sexual Ethics Policy** and I agree to abide by its provisions.

Date

Signature

Parish/School & Town

Signature of Witness

**Original Signed Form to be returned to:
Pastoral Center, PO Box 1399, Great Falls, MT 59403-1399**