



Archdiocese of Detroit Code of Pastoral Conduct

For Priest, Deacons, Pastoral Ministers, Administrators, Staff and Volunteers

AGREEMENT FORM

- I have read and understand the Standards for the Code of Conduct.
- I understand the responsibilities that accompany my work so not to scandalize and undermine the people's faith.
- I agree to abide by the Code of Conduct as stated in the Code of Pastoral Conduct document.
- I understand that information disclosed to a pastoral counselor or spiritual director during the course of counseling, advising or spiritual direction shall be held in the strictest confidence possible.
- I understand clergy, staff and volunteers working with youth shall maintain an open and trustworthy relationship between youth and adult supervisors.
- I understand that sexual conduct will not be tolerated. Clergy, staff and volunteers must not, for sexual gain or intimacy, exploit the trust placed in them by the faith community.
- I understand harassment will not be tolerated. Clergy, staff and volunteers must not engage in physical, psychological, written or verbal harassment of staff, volunteers or parishioners and must not tolerate such harassment by other Church staff or volunteers.
- I understand Parish, Religious community/Institute and Organization Records and Information is confidentially maintained in creating, storing, accessing, transferring and disposing of parish, religious community/institute or organization records.
- I understand clergy, staff and volunteers should avoid situations that might present a conflict of interest. Even the appearance of a conflict of interest can call integrity and professional conduct into question.
- I know I have a duty to report my own ethical or professional misconduct and the misconduct of others.
- I understand that personnel and other administrative decisions shall be treated justly in the day-to-day administrative operations of our ministries.
- I understand I have the duty to be responsible for my own spiritual, physical mental and emotional health.

Signature

Date

Name (print)

Title