



**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

*Attachment 1*

**DIOCESE OF ALLENTOWN 2025**  
**SOCIAL MEDIA and ELECTRONIC COMMUNICATIONS POLICIES**  
**ACKNOWLEDGMENT and CONSENT FORM**

To be signed by all clergy, religious, employees, volunteers, aspirants, and seminarians of the Diocese of Allentown. By signing below, I acknowledge, and agree to the following:

1. I have received, read, and understand the Diocese of Allentown's "Social Media and Electronic Communications Policies" (the "Policies").
2. I agree to abide by the Policies, as they may be updated from time to time.
3. I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry, or other service.

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

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

Diocesan Location: \_\_\_\_\_

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102