



ARCHDIOCESE OF WASHINGTON

CHILD PROTECTION AND SAFE ENVIRONMENT

Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20788

Mailing Address: P.O. Box 49860, Washington, D.C. 20017

Phone: (301) 553-5333 Fax: (301) 553-7675

Email: Childprotection@adv.org

VOLUNTEER COMPLIANCE CHECKLIST

(If personal access to the Internet is not available, please speak with the local Child Protection Compliance Coordinator for assistance with the registration.)

Volunteer Application

- All volunteers must complete, sign and return application to the local coordinator at the Parish/School. *(Where it will be retained and stored.)*

Register for Virtus

- Log on to www.virtusonline.org and begin the registration process.
- During the online registration, please read the **Pastoral Code of Conduct and Contact with Minors**.
- Schedule to attend a *Protecting God's Children for Adults training session*

**The steps above must all be completed and recorded on VIRTUS before an electronic background appointment is scheduled.*

Fingerprints - FBI

Background Check

- Please call your local coordinator to ~~schedule~~ *get an authorization form to schedule* an appointment for a Background Check.
- Please bring two forms of valid identification (Government Issued). One must be an unexpired photo ID.
 - Check or Money Order
 - Authorization Form

Archdiocese of Washington - Child Protection Policy Booklet

- Please read the Child Protection Policy Booklet (booklet will be given to you in the training)
- **Acknowledgement Form** must be signed and returned no later than 30 days following the training session to the local Child Protection Compliance Coordinator.
- Authorization Form must be signed by the Pastor or Principal

**Per the Child Protection and Safe Environment policies, all volunteers must comply with all of the above requirements no later than 60 days after opening their Virtus account.*

Please be aware that you cannot volunteer until your electronic background check is posted on your Virtus account. (Please check with your local coordinator)



ARCHDIOCESE OF WASHINGTON

CHILD PROTECTION AND SAFE ENVIRONMENT

Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782

Mailing Address: P.O. Box 29260, Washington, D.C. 20017

Phone: (301) 555-5928 Fax: (301) 555-7675

Email: Childprotection@adw.org

VOLUNTEER APPLICATION

This form is to be completed, signed and returned to the Child Protection Compliance Coordinator at the parish, school or agency at which you are to provide volunteer services. This application will be retained in a file on site.

Last Name	First	Middle	Last 4 Digits of SSN	Date
Present Street Address	City	State	Zip	Daytime Phone
Permanent Address (if different from present address)				Evening Phone
				Cell Phone No.
Have you ever volunteered for an Archdiocesan location? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 years of age or older?
If yes, give details: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in VOLUNTEERING at <input type="checkbox"/> school: _____; <input type="checkbox"/> parish: _____; <input type="checkbox"/> agency: _____				
Interested in volunteering for <input type="checkbox"/> school activities <input type="checkbox"/> religious education <input type="checkbox"/> youth ministry <input type="checkbox"/> coaching <input type="checkbox"/> other _____				
I am available <input type="checkbox"/> mornings <input type="checkbox"/> afternoon <input type="checkbox"/> evenings <input type="checkbox"/> weekdays <input type="checkbox"/> weekends Date available: _____				

VOLUNTEER ACTIVITIES

Please list all present and former volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this form.

Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			

MINOR'S INFORMATION

Current year: _____

Child's name: _____

Child's name: _____

Current Grade: _____

Current Grade: _____

IMPORTANT – PLEASE READ THIS

(You must complete questions I, II, & III.)

- I. **Has a complaint (civil, criminal, or otherwise) ever been filed against you that alleged any inappropriate conduct with minors, sexual misconduct, or child abuse by you (including internal complaints given to management or supervisors at places of employment)?**

Yes No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

- II. **Has a complaint (civil, criminal, or otherwise) ever been filed against you that alleged your participation in, facilitation of, or failure to report any inappropriate conduct with minors, sexual misconduct, or child abuse by another (including internal complaints given to management or supervisors at place of employment)?**

Yes No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

- III. **Have you ever chosen not to continue any employment, had your employment terminated, or been subject to any disciplinary action, for reasons relating to allegations of inappropriate conduct with minors, sexual misconduct, or child abuse by you?**

Yes No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

IMPORTANT – The following must be read and signed by all applicants.

I hereby confirm that the information provided in this application is true, correct, and complete. If accepted as a volunteer, any misstatement or omission of fact on this application may result in my dismissal. I hereby authorize the Archdiocese of Washington to conduct, obtain, and review state and federal criminal background checks based on the personal identification information I have provided herein. I hereby grant the Archdiocese of Washington permission to check my background and references as set forth above. Except in the case of its negligent misuse of the information obtained, I hereby release the Archdiocese of Washington, its officers, directors, agents, employees, or representatives from any and all claims arising from or in connection with my background screening. I understand and acknowledge the Roman Catholic religious nature of the Archdiocese of Washington. I understand and acknowledge that, in accordance with their role as Church volunteers and in witness to the Gospel of Jesus Christ, archdiocesan volunteers must conduct themselves with integrity and act in a manner consistent with the official teachings, doctrines, laws, and policies of the Roman Catholic Church.

Print Name: _____ Signature: _____ Date: _____

This section is to be completed by Pastor, Principal or Agency Director only.

The necessity of passing a state and federal criminal background check for positions involving contact with minors or other vulnerable persons while providing volunteer services has been explained to this applicant. Acceptance of volunteer services is contingent upon the applicant successfully completing the state & federal criminal background check.

Authorized Signature	Date	Name of Parish, School, Agency	Location Number	Telephone number
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Signed applications are to be returned to the Child Protection Coordinator at your parish, school or agency.