



## The Roman Catholic Archdiocese of Washington

Archdiocesan Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782-3117

Mailing Address: Post Office Box 29260, Washington, DC 20017-0260

(301) 853-1500 | adw.org

### **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.*

#### **Application**

- All who have contact with children and/or vulnerable adults must complete, sign and return a volunteer or employment 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](http://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 prior to conducting the livescan fingerprinting screening.*

#### **Criminal Background Check (Fingerprinting)**

The Archdiocese of Washington requires for all employees, clergy, religious, seminarians and volunteers who have contact with children and/or vulnerable adults to be fingerprinted.

- Please contact the local CP coordinator to obtain the Fingerprinting LiveScan Pre-registration Application. The Archdiocese of Washington agency authorization number is 9000016616. (This authorization number is required to ensure that we receive the results and are properly recorded.)

Maryland locations are collectively listed at:

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

District of Columbia:

Metro Lab 202-234-1234

Washington DC Fingerprinting: 202-628-3716

\*You may visit any location that utilizes LiveScan, including any in Maryland.

#### **Additional Steps are required for Employees, Clergy, Seminarians, and Religious only**

**Electronic Background check.** - Please contact the Local CP Coordinator for additional information.

(You will not receive a new hire letter until your background check is posted on your Virtus account.)

Read & Answer the Protecting God's Children for Adults monthly training Bulletins on Virtus.

**You cannot work/volunteer until your criminal background check result is posted on your Virtus account.**

#### **Child Protection & Safe Environment Policy Book**

- You will receive a PDF copy of the Child Protection & Safe Environment Policy book after attending the Protecting God's Children for Adults training.

(Copy could also be provided by the Local CP Coordinator.)

After attending the training you have 30 days to read the policy book, sign and return the Acknowledgment form to the local CP Coordinator.

Individuals will be considered non-compliant if these requirements are not met and will be removed from working/volunteering. If you have any questions, please feel free to contact the local Child Protection Coordinator at your school or parish for assistance.

*Thank you for your service! Your service is vital to the success of the Child Protection & Safe Environment policy and to the Archdiocese's efforts to keep children and adults safe.*





## ARCHDIOCESE OF WASHINGTON

### CHILD PROTECTION AND SAFE ENVIRONMENT

*Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20792*

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

*Phone: (501) 555-5525 Fax: (501) 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
				Evening Phone
Permanent Address (If different from present address)				Cell Phone No.
				E-mail Address
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 <u>VOLUNTEERING</u> 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.)

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- 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.)

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- 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.)

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**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.

_____	<u>Our Lady of Lourdes</u>	<u>203</u>	<u>301-654-1287</u>
Authorized Signature	Date	Name of Parish, School, Agency	Location Number Telephone number

Signed applications are to be returned to the Child Protection Coordinator at your parish, school or agency.



## 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: 301.853.5328 Fax: 301.853.7675

Email: [childprotection@adw.org](mailto:childprotection@adw.org)

## Zoom Instructions for Participants

### Before a videoconference:

1. You will need a computer, tablet, or smartphone with speaker or headphones. You will have the opportunity to check your audio immediately upon joining a meeting.
2. You will receive notice for a videoconference or conference call from the training facilitator. The notification will include a link to “Join via computer”

### To join the videoconference:

1. At the start time of your meeting, click on the link in your invitation to **join via computer**. You may be instructed to download the Zoom application.
2. Please enter the secured password.
3. You have an opportunity to test your audio at this point by clicking on “Test Computer Audio.” Once you are satisfied that your audio works, click on “Join audio by computer.”

### Participant controls in the lower left corner of the Zoom screen:

Using the icons in the lower left corner of the Zoom screen, you can:

- Mute/Unmute your microphone (far left)
- View Participant list – opens a pop-out screen that includes a “Raise Hand” icon that you may use to raise a virtual hand if you have any questions.
- Change your screen name that is seen in the participant list and video window with your legal name in order for our office to give you credit for the training.





STATE OF MARYLAND  
 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES  
 INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION  
 CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

**LIVSCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION**

Please type or print legibly.

Name:

Date of Birth:

Social Security Number:

Gender:

Male  Female

Height:

ft.

in.

Weight:

lbs.

Eye Color:

Hair Color:

Race/Ethnicity:

Black  White  Asian/Pacific Islander  Native American  Other

Place of Birth:

Citizenship:

Street Address:

City:

State:

Zip Code:

Phone Number:

Driver's License Number:

Email Address:

**REASON FOR REQUEST**

**INDIVIDUAL**

Please select one of the following:

- Gold Seal/Adoption (Enter Authorization Number if applicable) \_\_\_\_\_
- Gold Seal/Letter/VISA
- Immigration/VISA
- Individual Challenge N/A
- Individual Review
- Attorney/Client (Written Authorization Required)

**Mailing Information:** ARCHDIOCESE OF WASHINGTON

Name:

COURTNEY CHASE / Office of Child Protection and Safe Environment

Street Address:

5001 EASTERN AVENUE

City:

HYATTSVILLE

State:

MD

Zip Code:

20782

**AGENCY**

Please select from the following (\*ORI Required):

- Adult Dependent Care
- Child Care\*
- Criminal Justice\*
- Government Employment\*
- Government Licensing or Certification\*
- Maryland State Police Licensing\*
- Private Party Petition\*\*
- Public Housing

Agency Authorization Number:

9000016616

\*ORI Number:

MD004455Y

\*\*Position Applied: