

VIRTUS REGISTRATION PROCESS

1. Please complete the **new volunteer application** (attached) and email form to your local Child Protection Compliance Coordinator, Kristin Short (counselor@olvschooldc.org). Along with the completed application, please provide a picture (front and back) of a valid government issued ID.
2. **CREATE A NEW ACCOUNT** at www.virtusonline.org. During the registration process:
 - *Please read the following 2 articles and acknowledge each of them: ***Pastoral Code of Conduct & Contact with Minors.***
 - ***Schedule to attend an online Empowering God's Children for Adults training.** (These trainings are offered a few times a month, and fill up very quickly. Registering for this in a timely manner is suggested). You will receive an email from the VIRTUS office the evening before your scheduled training. Make sure to check your spam folder if you do not see it.
3. **FBI Fingerprinting** - You MUST bring with you the **LiveScan Fingerprinting Application (attached)** with you to the appointment, as it provides the technician with the ADW authorization number. The approximate cost for fingerprinting at private locations is \$60. [American Identity Solutions](#) is one frequently used, and can schedule your appointment online. **(The Bethesda location is what most folks have used, and proven to be the quickest)**. Please note it can take up to 2-3 weeks for the results to be posted in your account.

There will be an opportunity to have your LIVESCAN background check done through SafeHire Solutions at our Back To School Night on Tuesday, September 12, between 6pm & 8pm. You can use this link to pre-register. [SafeHire Solutions](#) It can still take 2-3 weeks for results to be posted in your VIRTUS account, so if you are planning on volunteering for a fall CYO sport, chaperoning on a field trip, or joining a classroom - please keep in mind this timeframe.
4. AFTER you have completed the Protecting God's Children for Adults training, please sign the **Policy Acknowledgement Form (attached)** and return to Kristin Short (counselor@olvschooldc.org) To view the ADW Policy Handbook, [click here](#)

Please feel free to contact Kristin Short, local Child Protection Compliance Coordinator, counselor@olvschooldc.org if you need any assistance in this process.



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*

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 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: _____
 Current Grade: _____

Child's name: _____
 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

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



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Email: Childprotection@adw.org

HOW TO REGISTER ON VIRTUS

1. Go to www.virtusonline.org
2. Click on **FIRST-TIME REGISTRANT** that is in green on the left hand side of the Virtus Online page Under USER ID AND PASSWORD.
3. If you are searching for a session to attend, click on **View a List of Sessions**. After reviewing the list of sessions, click on Start Registration. If you know the session you want to attend, click on **Begin the Registration Process** instead.
4. Click on the down arrow to the right of select your organization, please scroll down the drop down menu until you find **Washington, DC (Archdiocese)**. Click on Select.
5. Create a User ID and Password. Click on Continue.
6. Complete the Registration Screens.
7. Please select the Primary location where you work or volunteer with children.
8. Select your roles (Please see descriptions below and select accordingly).
9. Answer all screening questions.
10. Read and Acknowledge the Pastoral Code of Conduct and Contact with Minors.
11. When you get to the screen that asks if you Have Already Attended a *Protecting God's Children* Session, click **NO** if you have not attended and select the session you want to attend. If you have attended a *Protecting God's Children* session, click **YES** and select the session that you attended and complete the rest of the registration process.
12. If you have completed the Protecting God's Children Session in another State, please contact Virtus 1-888-847-8870.

Roles Definitions:

- **Priests/Deacons** – Diocesan priests/deacons in active or supply ministry.
- **Candidates for Ordination** – All seminarians and candidates for the permanent diaconate.
- **Educators** – salaried teachers, principals, and administrators in diocesan/eparchial and parish schools
- **Employees** – paid persons (other than priests/deacons or educators) who are employed by and work directly for the diocese/eparchy or parishes/schools such as central office/chancery/pastoral center personnel, youth ministers who are paid, parish ministers, school support staff, rectory personnel, etc.
- **Volunteers** – unpaid persons who assist the diocese/eparchy (including parishes and schools) such as catechists, youth ministers, coaches, etc.

*If you do not have Internet access, please contact your local coordinator and he/she will assist you with the registration process.



LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:					
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: ft. in.	Weight: lbs.	Eye Color:		Hair Color:	
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> 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):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input checked="" type="checkbox"/> Child Care* | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number: 9000016616
*ORI Number: MD920523Z
**Position Applied:



Acknowledgment

Acknowledgment of Receipt and Review of the Archdiocese of Washington Child Protection Policy

This is to acknowledge that I have received and reviewed a copy of the *Archdiocese of Washington Child Protection and Safe Environment Policy*.

I understand that I am responsible for complying with the policy as stated and, if I am an employee or volunteer, that questions or clarifications regarding this policy should be directed to my immediate supervisor or to the *Executive Director of Child Protection and Safe Environment*. If I am a priest, deacon or religious, I understand questions should be referred to the Secretary for Ministerial Leadership or the Delegate for Consecrated Life, whichever is appropriate to my situation.

I further understand that the Archdiocese of Washington reserves the right to change, modify and/or revise any part of this policy at any time.

Priest/Deacon/Religious:

Signature: _____

Name (please print clearly): _____

Parish/Assignment: _____

Date: _____

Please return this completed form to the Moderator of the Curia.

Employee/Volunteer:

Signature: _____

Name (please print clearly): _____

Parish/School/Agency: _____

Position: _____

Date: _____

This form is to be completed, signed and returned to the appropriate designated individual at the location at which you are employed or provide volunteer services. A copy of this completed form will be retained in a file on site. The original will be sent to the Archdiocesan Office of Human Resources or the appropriate Agency Human Resources Office.