



ARCHDIOCESE OF WASHINGTON

CHILD PROTECTION AND SAFE ENVIRONMENT

Pastoral Center: 3001 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

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 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 prior to conducting the livescan fingerprinting screening.*

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

FBI Fingerprinting

- Individuals may go online to find a fingerprinting location in all areas of the Archdiocese of Washington.
- In the State of Maryland, locations are collectively listed at: www.dpscs.maryland.gov/publicservs/fingerprint.shtml.
- In the District of Columbia, individuals may call the Metropolitan Police Department at (202) 727-4409 for guidance.
- Please call the location of your choice to confirm if a fingerprint technician is available.

For Fast and Accurate Service

- Bring a valid form of government identification. (Driver's license, Certification of Naturalization, Passport or Military Identification)
- Complete the LiveScan Pre-Registration application. (District residence can call 202-727-4409)
- The approximate fee for the fingerprinting service is \$40.00 - \$60.00, which is required at the time of service. (Major credit cards and checks are accepted. Cash and money orders are not accepted at the State Operated Fingerprinting Centers.)
- Please provide the technician with the ADW authorization number: 9000016616 (which will be used for both State and FBI).

FOR PRESCHOOL AND BEFORE/AFTER CARE PROGRAMS USE ONLY

Please ask technician to include the authorization number for your county region.

1100000042 Region 4 (Prince George's Co.)

1100000053 Region 5 (Montgomery Co.)

1100000101 Region 10 (Calvert, Charles, St. Mary's Co.)

Please be aware that you have 60 days to be in compliance with all the requirements and cannot work or volunteer until these requirements have been met. (Please check with your local coordinator)



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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.



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Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782

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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			
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.



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name: _____

Date of birth: _____ SSN: _____ Gender: Male Female *(Please check)*

Height: ft. _____ inches _____ Weight: _____ lbs. _____ Eye Color: _____ Hair Color: _____

Race: Black White Asian/Pacific Islander Native American Other *(Please check)*

Place of Birth: _____ Citizenship: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____ -

Daytime Phone: _____ Evening Phone: _____ Driver's License #: _____

AGENCY INFORMATION

Agency Authorization #: 9000016616

ORI # (if required): MD004455Y Reason fingerprinted? Adam Walsh Act

Position Applied for: _____

Request Type: *(Choose one ONLY)*

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input checked="" type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

Mail Response to:
 (Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: Archdiocese of Washington
 Attn: Courtney Chase / Office of Child Protection and Safe Environment

Address: 5001 Eastern Avenue

City, State, Zip code: Hyattsville, MD 20782
