



St. Frances Cabrini Volunteer Packet

Step One: Complete & Sign the Background Check Form on Page 2

Step Two: Review & Sign the Code of Conduct on Page 3

Step Three: Complete Virtus' Protecting God's Children Training
Instructions are provided on pages 4-5

Step Four: Email office@cabriniparish.com of Training Completion

Step Five: Submit Both Forms to the School or Parish Office

Questions?

Contact the Parish Office at 313-381-5601 or office@cabriniparish.com

Parish Office Hours:

Monday - Thursday | 9am to 5pm

Friday - Saturday | 9am to 3pm

Sunday | 9am to 1:30pm

Summer Hours:

Monday – Saturday | 9am to 3pm

Sunday | 9am to 1:30pm



Church Personnel and Volunteer Criminal Background Check Disclosure and Authorization Form

Hiring Entity Name/Address: **St. Frances Cabrini Catholic Church & School**

As a church we value the safety of children in our care, our employees and volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the Archdiocese mandates that criminal history background checks be conducted for all Church personnel and Volunteers, who may have unsupervised contact with a child, the elderly or persons with disabilities. Please complete this form of basic information about you, which assures the best possible program and safety for all and return this form to the designated Administrator for Criminal Background Checks at your Parish/School/AOD Central Services.

Name:		Contact Phone Number	*Date of Birth:	
Known by any other name(s) (Maiden Name/Previous Names or Aliases Used):			Social Security #:	
Address:		City:	State:	Zip:
Number of years in Michigan:	If less than 7 years, previous residence(s) outside of Michigan (If more than a & b please list on back) (Enhanced CBC Required)			
a.	_____	_____	_____	_____
	Street	City	State	Zip
				County
				From/To
b.	_____	_____	_____	_____
	Street	City	State	Zip
				County
				From/To
Current Place of Employment:		Work Phone:	Home Phone:	
Position(s) you are seeking/volunteering:			Email Address:	
Driver's license #:	State:	*Race:	*Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	

Disclosure/Authorization:

The Archdiocese of Detroit hereby discloses and I understand that consumer reports and/or investigative consumer reports on my background may be made on me, to assess me in connection with hire or initial assignment, promotion or reassignment or retention. These reports may be obtained before initial hire or assignment or during my employment or assignment and may consist of a criminal history background check, driving record, education verification, employment verification, credit check, and/or personal references using the services of the Archdiocese of Detroit/Department of Human Resources and/or a designated outside firm. The information received will be kept confidential and will be used only to determine my suitability to work at the Archdiocese of Detroit, or volunteer for the above noted entity.

I authorize the Archdiocese of Detroit or a designated consumer reporting agency to obtain the information and authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

I acknowledge I have been provided with a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act" prior to signing this Disclosure and Authorization form.

(Signature of Church Personnel/Volunteer)

(Date)

*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of records.

----- For Office Use only -----

Select Searches:	<input type="checkbox"/> ICHAT/Enhanced Nationwide Criminal Check	<input type="checkbox"/> Driving Record
<input type="checkbox"/> Education Verification	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Credit Report



PASTORAL CODE OF CONDUCT AGREEMENT FORM

For Priest, Deacons, Pastoral Ministers, Administrators, Staff and Volunteers

- I have read and understand the Standards for the Code of Conduct.
- I understand the responsibilities that accompany my work so not to scandalize and undermine the people's faith.
- I agree to abide by the Code of Conduct as stated in the Code of Pastoral Conduct document.
- I understand that information disclosed to a pastoral counselor or spiritual director during the course of counseling, advising or spiritual direction shall be held in the strictest confidence possible.
- I understand clergy, staff and volunteers working with youth shall maintain an open and trustworthy relationship between youth and adult supervisors.
- I understand that sexual conduct will not be tolerated. Clergy, staff and volunteers must not, for sexual gain or intimacy, exploit the trust placed in them by the faith community.
- I understand harassment will not be tolerated. Clergy, staff and volunteers must not engage in physical, psychological, written or verbal harassment of staff, volunteers or parishioners and must not tolerate such harassment by other Church staff or volunteers.
- I understand Parish, Religious community/Institute and Organization Records and Information is confidentially maintained in creating, storing, accessing, transferring and disposing of parish, religious community/institute or organization records.
- I understand clergy, staff and volunteers should avoid situations that might present a conflict of interest. Even the appearance of a conflict of interest can call integrity and professional conduct into question.
- I know I have a duty to report my own ethical or professional misconduct and the misconduct of others.
- I understand that personnel and other administrative decisions shall be treated justly in the day-to-day administrative operations of our ministries.
- I understand I have the duty to be responsible for my own spiritual, physical mental and emotional health.

Signature

Date

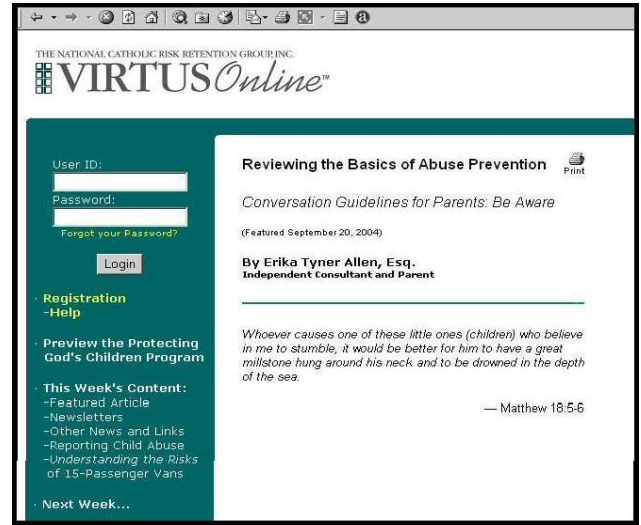
Print Name

Registration Instructions

Before or after your first Protecting God's Children session (*but not both*), you will need to register with the VIRTUS Program. This is required of all participants. If you do not have Internet access, and cannot temporarily gain Internet access via school, university, library, work, home or other means, please register with your Facilitator or your VIRTUS Coordinator.

Go to <http://www.virtusonline.org>

On the left-hand side of the page, click the yellow link labeled "Registration."



Choose the name of your organization from the pull-down menu by clicking the downward arrow and highlighting your organization. Once your organization is selected, click "Select."

Please select your Archdiocese/Diocese/Religious Organization from the list below:

- Select your organization ----->

Create a user ID and a password you can easily remember. This is necessary for all participants. This establishes your account within your Diocese and the VIRTUS program. If your preferred user ID is already taken, please choose another ID. We recommend the use of email addresses as user names. Click Continue to proceed.

Please create a user id and password that you will use to access your account

Create a User ID:

Create a Password:

Provide the information requested on the following page. Several fields are required, such as name, address, phone number and e-mail address. Click Continue to proceed.

- **If you do not have an email address, consider obtaining a free email account at mail.yahoo.com, or any other free service. This is necessary for your VIRTUS Coordinator to communicate with you. If you cannot obtain an email address, enter: noaddress@virtus.org. This will notify your VIRTUS Coordinator that you do not have an email address.**
- **If you do not have personal Internet access, and you are not able to obtain temporary Internet access for one hour per month, complete the registration process and your VIRTUS Programs Coordinator will contact you. Other options are available for your continued training.**

Please provide the information requested below

Salutation:

First Name: *

Middle Name:

Last Name: *

Email: *

Home Address: *

Home Address Cont'd:

City: *

State: *

ZIP: *

Work Phone:

Home Phone:

* Required field

Select the PRIMARY location where you work, volunteer or worship. You will be able to select additional locations later if you serve at multiple locations within your organization. Click Continue to proceed.

Please select the primary location where you work, volunteer or worship

Location:

If you are associated with multiple locations, please choose the primary (work) location first. Then click the continue button to select additional locations such as those where you volunteer or worship.

Registration Instructions

Your current list of locations is displayed. If you need to add an additional location, choose YES. Otherwise, choose NO.

This is the list of locations with which you are associated:

St. Josephs Parish (Tulsa)

Do you need to add another location?

Select the role(s) that you serve within your organization. Please check all roles that apply. Additionally, if you have a title within your diocese, enter it in the box. I.e. Teacher, DRE, Catechist, etc. Click Continue to proceed.

Please select the roles that you play within your diocese

Please check all that apply.

- Candidate for ordination
- Deacon
- Educator
- Employee
- Parent
- Priest
- Volunteer

If you have a title within your diocese, please enter it here:

Answer three YES/NO questions and then click Continue.

Are you a parent or guardian of a child under 18?

- Yes
- No
- I choose not to answer this question

If you have already attended a Protecting God's Children Session, click YES, otherwise click NO.

Have you already attended a Protecting God's Children Session?

If you chose **NO** during the previous step, you will be presented with a list of all upcoming sessions within your organization. When you find the session you would like to attend, click the circle next to the title.

If you chose YES during the previous step, skip this step.

If you chose **YES**, you will be presented with a list of all sessions that have been held within your organization. Choose the session you attended by clicking the downward arrow and highlighting the session, and then click Complete Registration.

Please select the session you wish to attend

Unless otherwise noted all sessions are conducted in English.

Protecting God's Children for Adults

Where: Test Site (Tulsa)

When: Monday, October 25, 2004
6:00 PM

Estimated time: 3 hrs

Spaces remaining: 7 of 25

Please select the session you attended

-- Please select --

You will see a message on your screen confirming that you have completed the registration process. If you correctly entered your email address during the process, you will receive an email confirming your information. Additionally, your Virtus Coordinator may contact you via e-mail with information regarding your continuing training status.

If you have additional questions about the registration process, please contact your session's facilitator, your Virtus Coordinator, or the VIRTUS Help Desk at 1-888-847-8870.

Thank you for completing the registration process.

Thank you for registering for a Protecting God's Children session and with VIRTUS Online. You will receive an email confirming your registration for the session you selected.

After you attend your session, your account request will be reviewed by your Coordinator.

You will be notified via email when your VIRTUS Online account is activated.