# JESUS THE DIVINE WORD

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Thank you for volunteering *(or working)* Jesus the Divine Word *(JDW)*. We are powered by VOLUNTEERS and have many ways to get involved at our parish.


All adults working with children under the age of 18 must complete CHILD PROTECTION steps before volunteering. In this packet are all the forms to be completed and other CHILD PROTECTION requirements.

CHILD PROTECTION STEPS to be completed:

- ☐ Complete volunteer application *(return)*
- ☐ Copy of GOVERNMENT issued ID *(return)*
- ☐ Complete fingerprinting *(must be LIVESCAN)* bring attached form to fingerprinting site
- ☐ Set up VIRTUS account online www.virtusonline.org
- ☐ Complete online CHILD SAFETY course *(view online)*
- ☐ Sign Acknowledgement of review of ADW Child Protection Policy *(online)*

All forms can be printed out if needed. Return completed forms to Bobbie Woollen @ religioused@jesusdivineword.org Reach out for any question or additional help.

Thank you,
Bobbie Woollen
Child Protection Coordinator/JDW

The Roman Catholic
Archdiocese *of* Washington

# Volunteer Compliance Checklist

Please contact the local Child Protection Compliance Coordinator for assistance with the registration process.

☐ **Application**

- Complete, sign, and submit the application to the local coordinator at the Parish or School.

☐ **Register for VIRTUS**

- Visit virtusonline.org and click on "First Time Registrant."
- Select "Washington, DC (Archdiocese)" and create a username and password.
- Provide personal information and select your primary location and role/position.
- Answer the required questions, including those on contact with minors.
- Electronically sign and acknowledge that you have read and understand the Code of Conduct
- Select a Virtus session in English or Spanish that you wish to attend.
- Complete the online training: Navigate to "Current Training," click on the assigned module, and complete the Protecting God's Children Online Awareness Session 4.0.

☐ **FBI Livescan Fingerprinting** (All the above steps must be completed and reflected in VIRTUS before proceeding with Livescan fingerprinting)

- Fingerprinting locations throughout the Archdiocese of Washington can be found online by searching "Live Scan Fingerprinting Near Me"
- For Volunteering at Preschool and Before/After Care Programs only request that the technician includes the authorization number specific to your county region:

  Region 4 (Prince George's County) 1100000042
  Region 5 (Montgomery County) 1100000053
  Region 10 (Calvert, Charles, St. Mary's Counties) 1100000101

- Please call your selected location in advance to verify the availability of a fingerprint technician. Provide the ADW authorization number: 9000016616 (for both State and FBI). Please ensure you bring the Livescan pre-registration application and a valid form of identification to your fingerprinting appointment.

☐ **Archdiocese of Washington Safe Environment Policy**

- Review the Safe Environment Policy (available online at adw.org/safeenvironment), sign the Acknowledgement Form, and return it to the local Child Protection Coordinator within 30 days of completing the training.

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 4528 Fax: 301 853 4675
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?** ☐ **Yes** ☐ **No** | | | | **Are you 18 years of age or older?** ☐ **Yes** ☐ **No** |
| **If yes, give details:** _____ | | | | |

**I am interested in VOLUNTEERING at** ☐ **school:** _____; ☐ **parish:** _____; ☐**agency:** _____
Interested in volunteering for ☐ school activities ☐religious education ☐ youth ministry ☐ coaching ☐other_____

**I am available** ☐ **mornings**☐ **afternoon** ☐**evenings** ☐ **weekdays** ☐ **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**

*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
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

# LIVESCAN 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
☐ Individual Review
☐ Attorney/Client *(Written Authorization Required)*

N/A

**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:
MD920523Z

**Position Applied:

## Local Fingerprinting Centers

Calvert County – Work Release Facility
315 Stafford Road
Barstow, MD 20610
410-535-4300
https://www.calvertcountymd.gov/3564/Fingerprinting-Services

United Security & Communications, Inc.
5415 Southern Maryland Blvd.
Waysons Corner (Lothian), MD 20711
301-952-8724

Safe Hire Solutions
65 Duke Street, Suite 208
Prince Frederick, MD 20678
240-375-7601

There are additional locations throughout Maryland. Locations can be obtained on the following website https://www.dpscs.state.md.us/publicservs/fingerprint.shtml