# St. Gregory the Great Academy Safe Environment Program



# 2023-2024 Compliance Packet



## St. Gregory the Great Academy

A Ministry of the Church of St. Gregory the Great 4680 Nottingham Way, Hamilton Square, NJ 08690

Voice: 609-587-1131

Rev. Michael Hall, Pastor Dr. Jason C. Briggs, Principal

Fax: 609-587-0322

Web: www.stgregorythegreatacademy.org

Mrs. Michele L. Rivera, Assistant Principal

To:

All Who Work or Volunteer with Students

From:

Fr. Michael Hall, Pastor

Dr. Jason C. Briggs, Principal

# VIRTUS: PROTECTING GOD'S CHILDREN MANDATORY TRAINING FOR ALL WHO WORK OR VOLUNTEER TIME WITH CHILDREN

VIRTUS is a program designed to help keep children safe when under the supervision of adults who are not their parents. This is a nation-wide initiative created by the National Catholic Risk Retention Group and is <u>mandated</u> by the Diocese of Trenton for <u>all</u> adults who <u>work with or volunteer their time with children</u>. This includes administrators, teachers, assistants, staff, classroom or schoolroom aides, chaperones, coaches, scout leaders, volunteers, etc. The VIRTUS requirement is only valid for 4 years.

If you have attended a training session within the past 4 years, please provide the office with a copy of your certificate of attendance or a print-out from <a href="www.virtusonline.org">www.virtusonline.org</a> verifying your attendance. If you attended VIRTUS while affiliated with another parish, please add St. Gregory the Great to your VIRTUS account online. To do this: 1) login at <a href="www.virtusonline.org">www.virtusonline.org</a>; 2) click on "Update My Account"; 3) click on "My Toolbox"; 4) find "Primary Location" and use the drop down menu to select St. Gregory the Great.

If you have not completed the training or your training has expired, sessions will be set up periodically to try to accommodate everyone's busy schedule. The sessions will run for approximately 3 hours. Each participant will then be required to register online in order to receive a certificate of attendance which must be kept on file in the main office.

For upcoming training session dates and times, please visit <a href="www.virtusonline.org">www.virtusonline.org</a> and click on <a href="Registration">Registration</a> on the left side of the webpage. Please select Trenton, NJ (Diocese) to view a list of sessions. For any questions, please contact the rectory at extension 270.

We thank you for your cooperation in keeping our children safe.





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### Criminal History Review Instructions - VOLUNTEERS

Access the Criminal History Review Unit's web address: https://www.nj.gov/education/crimhist/

- a. Select: "File Authorization and Make Electronic Payment for Criminal History Record Check"
- b. Select: "New Administration Fee Request (New Applicants Only)"
- c. Select: "3. All Job Positions, except School Bus Drivers & Bus Aides, for Non Public Schools"
- d. Complete the requested applicant information page, being careful to select the correct "Job Category" (volunteers will select "Teacher Aide" DO NOT select Parish Youth Organization Volunteer) and to select "Other School Selection" to choose the correct county (22), school district (0532); school (91E). The codes are on the attached sample copy of the NJ Universal Fingerprint Form for your reference. Proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.
- e. Complete the required payment information. There is a \$10.00 fee plus a credit card processing fee of \$1.00. You <u>must</u> click the "Make Payment" button <u>only one time</u> to complete the transaction.
- f. Next, you will see 3 required steps (additional payment required during this process):
  - 1. Select "View and/or print you New Administration Fee Payment Request confirmation page". Print and provide a copy of this page to the office.
  - 2. Select "Complete and/or print your IdentoGo NJ Universal Fingerprint Form" Complete the form by filling in the highlighted areas. Click the "Submit" button at the bottom of the page. Once submitted, you must view and **print** the IdentoGo form —you must present this form to MorphoTrust when you go to be fingerprinted.
  - 3. Select "Click here to schedule your fingerprinting appointment with MorphoTrust" or call 1-877-503-5981 to schedule your appointment. The Service Code is 2F19ZQ. Please provide the office a copy of the receipt you receive once you have been fingerprinted. When you go for fingerprinting they will ask for the Contributor's Case number it is 22-1950-085
- g. In about two weeks, go back to the Criminal History Review Unit website (address above) and select "Applicant Approval Employment History". Enter your Social Security Number and Date of Birth and your certificate should be available to print. They will not send us the results. Please submit a copy of the clearance certificate to the office. Once your certificate is received by the office, your reimbursement check will be processed.





### **New Jersey Universal Fingerprint Form**

www.bioapplicant.com/nj

| by worpharross dan   |  |  |                               |  |                             |  |
|--|--|--|-------------------------------|--|-----------------------------|--|
| (1) Originating Agency Number (ORI #;<br>NJ930100Z   |  | (2) Category<br>EDK  |                               | (3) Statute Number N.J.S.A. 18A:6-4.14   |                             |  |
|  |  |  |                               |  |                             |  |
| (7) Contributor's Case # (Unique Identifier)   | 22-1950-9/E  |  |                               | (8) Miscellaneous                        |                             |  |
| (9) First Name   | (10) Mi  | CONTROL OF THE PARTY OF THE PAR | 1) Last Name                  |  |                             |  |
| (12) Daylime Phone Number  ( ) -  (17) Maiden or Alias Last Name   | SAN  | <b>API</b>   | LE                            |  | (15) Height                 | (16) Weight untry of Citizenship   |
| (20) Home Address  | O  | VL   | V                             |  | Zin.                        |  |
| Address (21) Gender (Selectione) V   | ou will be prompte   | 1  |                               | official                                 | /ip<br>/nei                 | and the state of t |
| Famale<br>  Mais<br>  Both   | form during the  |  |                               |  | ndian / Alask               | ncludes Asian Indian)<br>a Native<br>ic/ Spanish Ongiri)   |
|  |  |  |                               | (a) amount                               |                             |  |
| (25) Occupation / Position (with respect to<br>Requirement)  | (26) Employer / Organization to<br>Employer Address  | Name (with respec  | d to Requirer                 | rent)                                    |                             |  |
|  |  |  |                               |  |                             |  |
| Identification Requirement - Identifica  | City   |  | -                             |  | Cp                          |  |
| (not expired). A combination of document<br>(home/employer), Date of Sinth and is iss<br>1) Valid U.S. State Photo Driver's License<br>4) USCIS Employment Authorization Card<br>(lease READ this form carefully<br>and follow all of the instructions provided by | ued by a Federal, State, Count<br>of Non Driver's License, 2) U.S<br>of (issued after 10/31/2010).   | y or Municipal er<br>. Passport, 3) US   | nlity for Iden<br>SCIS Perman | ification purposes<br>nent Resident ID C | Examples of and (issued     | of acceptable ID are:<br>after 5/10/2010), and   |
| ompleted pnor to scheduling your fingerpr<br>Inversal Fingerprint Form, IDG_NJAPP_1<br>.ppointment Scheduling:   | int appointment via the websits<br>10113, at your scheduled appo   | e or cell center. <u>E</u><br>pintment   | LEASE PR                      | <u>NT LEGIBLY</u> . II is                | <u>required</u> ye          | ou <u>present</u> this complete  |
| cheduling is available anytime at www.b<br>peaking agents are avallable at 1-877-50  | ioapplicant.com/nj. Appoir<br>i3-5981. Monday through Frid   | niments may also<br>ay, 8:00AM to 5:   | be schedu<br>OOPM EST a       | ed Ihrough our Ca<br>and Saturday, 8:00  | il Center. E<br>AM to 12 No | nglish and Spanish<br>oon EST.   |
| <u>avment:</u><br>Vnen an Applicant is responsible for paym<br>lasterCard, or electronic debit (ACH) from<br>nrollment center.   |  |  |                               |  |                             |  |
| ancel/ Reschedule:<br>ppointments may be canceled or resched<br>ppointment (Saturday Noon for Monday ap<br>appintment prior to the deadline; MorphaT   | pointments). An appointment  | fee of \$10.00 wi  | Il be incurred                | by applicants who                        | o do not can                | cel/reschedule their   |
| nable to be Fingerprinted:  n applicant is considered "Unable to be Finentification, Inability to present this compliformation provided during the scheduling mainder of the fee paid (stateffederal sea   | eted Universal Fingerprint Form<br>process. Applicants unable to t   | n IDG_NJAPP_1<br>be fingerprinted v  | 10113; info                   | rmation on this for                      | m does not                  | exactly match the  |
| CN and Receipts;<br>pon the completion of fingerprinting you w<br>ovide duplicate receipts, PCN Numbers of   |  |  |                               |  | your receipt                | . MorphoTrust will not   |
| Applican: ID<br>Number   | Payment<br>Authorization:  |  | PCN:                          |  |                             |  |
| Scheduled<br>Day & Date:   | Scheduled<br>Time:   |  | Scheduled<br>Site             |  |                             |  |
| Agency Information:  | gand to the first first from the second registers the second second to the second the se |  |                               |  |                             |  |
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#### ARCHIVE APPLICATION REQUEST

- Access the Criminal History Review Unit's direct web address to begin the process. The
  web address is: <a href="http://www.nj.gov/education/educators/crimhist">http://www.nj.gov/education/educators/crimhist</a>. Click on "File
  Authorization and Make Electronic Payment for Criminal History Record Check."
- Select the second option: "Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."
- 3. Please enter your Social Security number to ascertain if you are eligible for the process. Click "Continue."
- 4. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
- 5. Complete the requested applicant information to include the county/district/school/contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click "Next"
- 6. Submit your credit card payment. Total payment is \$31.25 (\$30.25 plus a \$1.00 convenience fee charged by the private vendor). Click "Continue" and then click "Make Payment" at the bottom of the next page.
- 7. The Payment Confirmation page will state "Your ePayment transaction has been processed successfully." You should print a copy of this receipt.
- 8. In about two weeks, you will be able to view and print your "Applicant Approval Employment History" by accessing it on the Criminal History Review Unit website. Please give a copy to your employer.



### Diocese of Trenton Volunteer/Employee Code of Conduct

Our children are the most important gifts God has entrusted to us. As a volunteer/employee, I promise to strictly follow the rules and guidelines of this Code of Conduct as a condition of my providing service to the children and youth of **St. Gregory the Great Academy**.

#### As a volunteer/employee during the course of my ministry or employment, I will:

- Treat everyone including vulnerable adults (those who habitually lack the use of reason)
  with respect, loyalty, patience, integrity, courtesy, dignity, and consideration and will
  conduct myself and live a lifestyle which is in conformance with Catholic teachings.
- Avoid situations, when possible, where I am alone with children and/or youth at Church activities.
- Use positive reinforcement when working with children and/or youth.
- Refuse to personally accept expensive gifts from children and/or youth or their parents.
- Refrain from giving expensive gifts to children and/or youth.
- Refrain from viewing or distributing child pornography.
- Report suspected abuse to the Child Protection Service agency and inform the pastor, administrator, or appropriate supervisor. I understand that failure to report suspected abuse to civil authorities is, according to the law, a disorderly person offense.
- Cooperate fully in any investigation of abuse of children and/or youth.

#### As a volunteer/employee during the course of my ministry or employment, I will not:

- Smoke or use tobacco products in the presence of children and/or youth while performing assigned duties.
- Use, possess, or be under the influence of alcohol at any time in the presence of children and/or youth while performing assigned duties.
- Use, possess, or be under the influence of illegal drugs at any time in the presence of children and/or youth.
- Distribute pornography to children or youth.
- Attend ministry or employment obligations that would pose a serious health risk to children and/or youth (i.e., fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner. I will ensure that all
  physical contact is P.A.N. (public, appropriate & non-sexual)
- Use any discipline that frightens or humiliates children and/or youth. Discipline issues will be referred to the administrator or principal
- Use profanity in the presence of children and/or youth especially while performing assigned duties.

I understand that as a volunteer or employee working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer or employee with children and/or youth.

| Volunteer/Employee Printed Name |      |  |
|---------------------------------|------|--|
| Volunteer/Employee Signature    | Date |  |