

Registration Instructions

Before completing the *Protecting God's Children* training Online, all participants must first register with VIRTUS Online.

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

On the left side of the screen, click

First-Time Registrant, to begin registration.



To proceed, click on **Begin the registration process**.
We do not offer live training sessions.



From the dropdown menu, **Select, Tulsa, OK (Diocese)** as your organization.

Choose the “No” button to create a new account. **If you have an account, STOP and notify your school or parish local administrator to give you access to your account.**

Create a user ID (use a valid email) and a password you can easily remember. This establishes your account with the VIRTUS program. We suggest the use of email addresses as usernames so that announcements and renewal notices may be sent to you.

Click **Continue** to proceed.



Registration Instructions

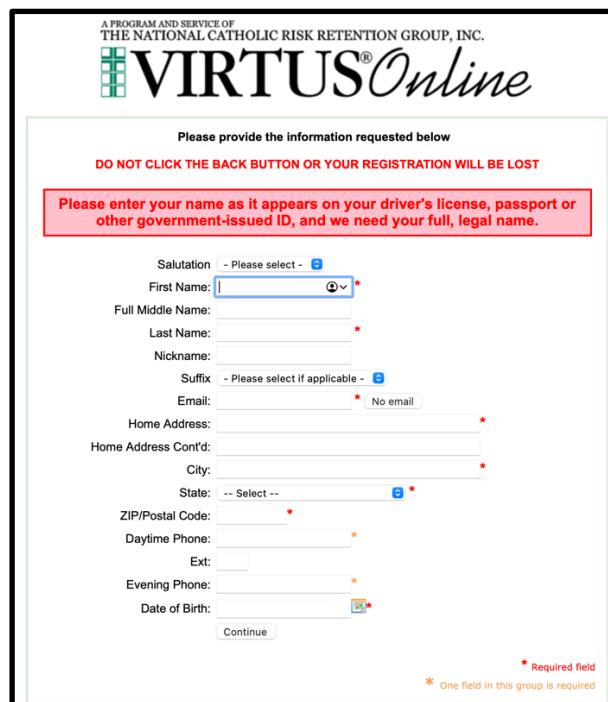
Provide all the information requested on the screen. Several fields are required, such as: First, Middle & Last Name, Email address, Home Address, City, State, Zip, Phone Number and Date of Birth.

(Note: Do not click the back button or your registration will be lost.)

Click **Continue** to proceed.

If you do not have an email address, consider obtaining a free email account. This is necessary for your VIRTUS Coordinator to communicate with you. If you cannot obtain an email address, enter:

noaddress@virtus.org.




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THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.


VIRTUS[®]Online

Please provide the information requested below


DO NOT CLICK THE BACK BUTTON OR YOUR REGISTRATION WILL BE LOST

Please enter your name as it appears on your driver's license, passport or other government-issued ID, and we need your full, legal name.


Salutation: - Please select - 


First Name: 


Full Middle Name:

Last Name: 

Nickname:


Suffix: - Please select if applicable - 


Email:  No email


Home Address: 

Home Address Cont'd:


City:


State: -- Select -- 


ZIP/Postal Code: 

Daytime Phone: 

Ext:

Evening Phone: 

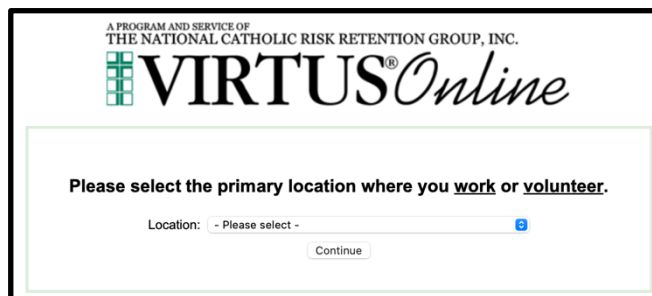
Date of Birth: 

 Required field
* One field in this group is required

Select the PRIMARY location where you work or volunteer by clicking the downward arrow and highlighting the location.

Note: This should be the location requesting your background check


Click **Continue** to proceed.



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VIRTUS[®]Online

Please select the primary location where you work or volunteer.

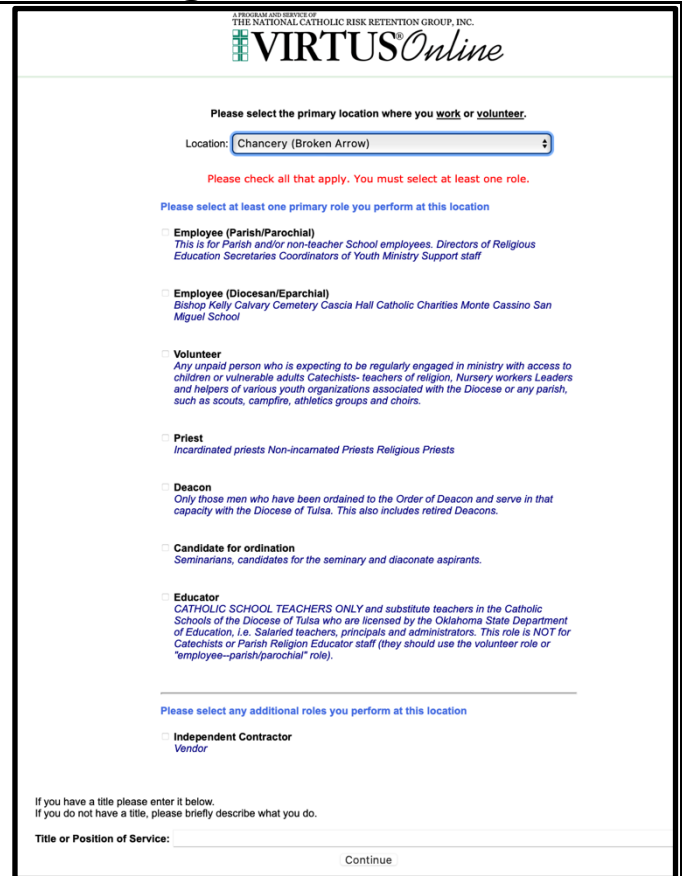
Location: - Please select - 

Registration Instructions

Select the **role(s)** that you serve within your diocese and/or parish. Please on select roles you are currently performing.

Select Educator ONLY if you are an OK Licensed Catholic School teacher.

Additionally, **enter your title or function** in the box provided [which best describes your role(s)] -- ie. Catechist, Coach, Deacon, DRE, Eucharistic Minister, Math Teacher, Priest, Room Mom, Seminarian, etc). Click **Continue** to proceed.



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VIRTUS[®]Online

Please select the primary location where you **work or volunteer**.

Location:

Please check all that apply. You must select at least one role.

Please select at least one primary role you perform at this location

☐ **Employee (Parish/Parochial)**
This is for Parish and/or non-teacher School employees, Directors of Religious Education Secretaries Coordinators of Youth Ministry Support staff

☐ **Employee (Diocesan/Eparchial)**
Bishop Kelly Calvary Cemetery Cascia Hall Catholic Charities Monte Cassino San Miguel School

☐ **Volunteer**
Any unpaid person who is expecting to be regularly engaged in ministry with access to children or vulnerable adults Catechists- teachers of religion, Nursery workers Leaders and helpers of various youth organizations associated with the Diocese or any parish, such as scouts, campfire, athletics groups and choirs.

☐ **Priest**
Incarnated priests Non-incarnated Priests Religious Priests

☐ **Deacon**
Only those men who have been ordained to the Order of Deacon and serve in that capacity with the Diocese of Tulsa. This also includes retired Deacons.

☐ **Candidate for ordination**
Seminarians, candidates for the seminary and diaconate aspirants.

☐ **Educator**
CATHOLIC SCHOOL TEACHERS ONLY and substitute teachers in the Catholic Schools of the Diocese of Tulsa who are licensed by the Oklahoma State Department of Education, i.e. Salaried teachers, principals and administrators. This role is NOT for Catechists or Parish Religion Educator staff (they should use the volunteer role or "employee-parish/parochial" role).

Please select any additional roles you perform at this location

☐ **Independent Contractor**
Vendor

If you have a title please enter it below.
If you do not have a title, please briefly describe what you do.

Title or Position of Service:

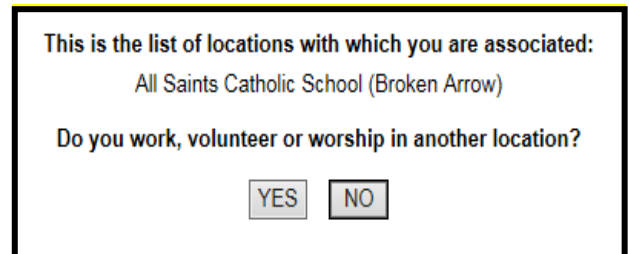
[Continue](#)

Your selected location is displayed on the screen.

Select **YES**, if you need to add secondary/additional locations.

(Follow instructions in previous step to select additional locations.)

Otherwise, if your list of locations is complete, select **NO**.



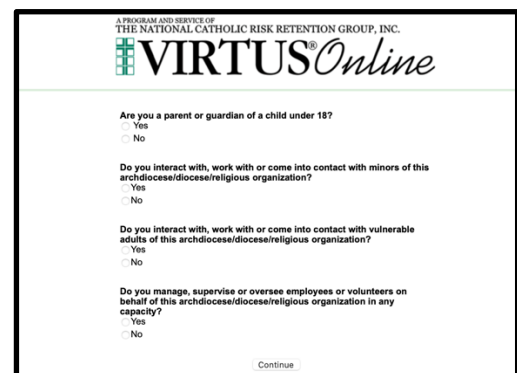
This is the list of locations with which you are associated:

All Saints Catholic School (Broken Arrow)

Do you work, volunteer or worship in another location?

Answer the YES/NO questions.

Click **Continue** to proceed.



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VIRTUS[®]Online

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

☐ Yes
☐ No

Do you interact with, work with or come into contact with minors of this archdiocese/diocese/religious organization?

☐ Yes
☐ No

Do you interact with, work with or come into contact with vulnerable adults of this archdiocese/diocese/religious organization?

☐ Yes
☐ No

Do you manage, supervise or oversee employees or volunteers on behalf of this archdiocese/diocese/religious organization in any capacity?

☐ Yes
☐ No

[Continue](#)

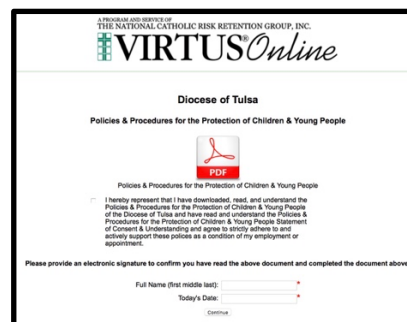
Registration Instructions

Please **review** Policies & Procedures for the Protection of Children & Young People.

Please **check the box**, indicating that you have read and understand the Policies & Procedures for the Protection of Children & Young People. **Type your name and date**. Click **Continue** to proceed

Please **review** Code of Ethics Agreement.

Please **check the box**, indicating that you have read and understand the Code of Ethics Agreement. **Type your name and date**. Click **Continue** to proceed.

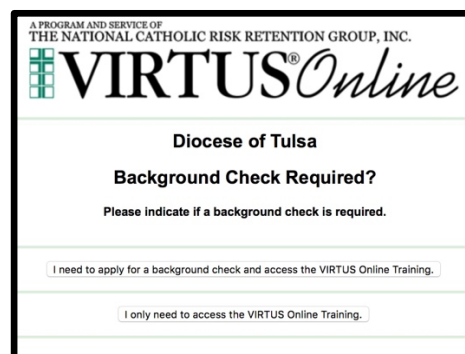



Select "I need to apply for a background check and access the VIRTUS Online Training"

Complete your background check prior to completing your training.

Do not bypass the background check or stop in process or you will need to ask your local administrator to prompt the background check again.

COMPLETE Background Check COMPLETELY

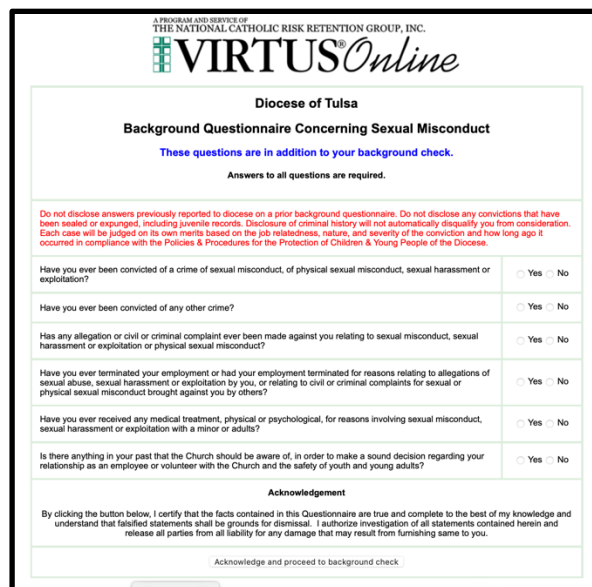


Please **review** and answer all questions of the *Diocese of Tulsa Background Questionnaire Concerning Sexual Misconduct*

Acknowledgement

By clicking the button below, I certify that the facts contained in this Questionnaire are true and complete to the best of my knowledge and understand that falsified statements shall be grounds for dismissal. I authorize investigation of all statements contained herein and release all parties from all liability for any damage that may result from furnishing same to you.


To proceed, **click** on the box containing the following statement: **Acknowledge and proceed to background check.**



Registration Instructions

Even if you have attended a VIRTUS Protecting God's Children Session, **choose NO**.

You must complete a new training every 5 years.



Select the Online Training language you need, **click** in the appropriate circle for either English –or– Spanish.

Click Complete Registration to proceed.

You will see the Background check screen next.



To complete a Background Check,

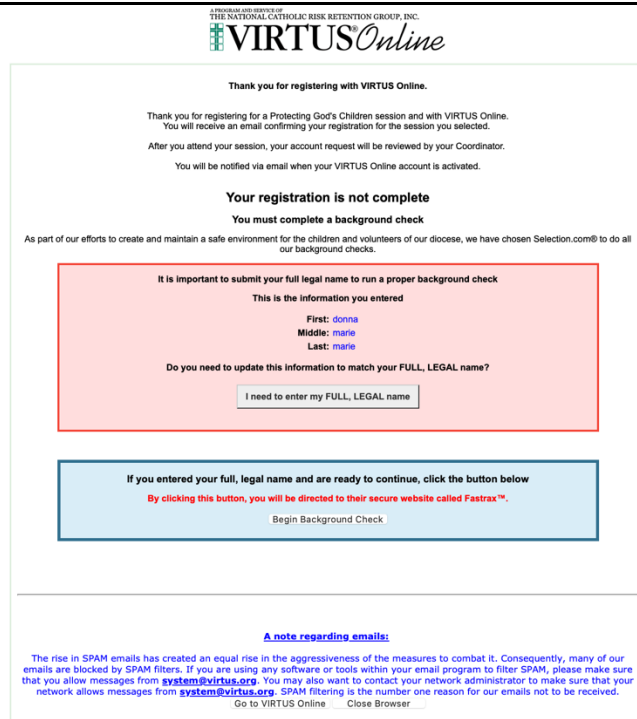
Verify your full legal name before proceeding. Update if needed.

Select Begin Background Check You must complete the background check all the way until submission.

You will not be able to return to the application if you stop at any point during it. You will need to call the location to reset the application if you do.

This link will direct you to Selection.Com *FASTRAX* secure website.

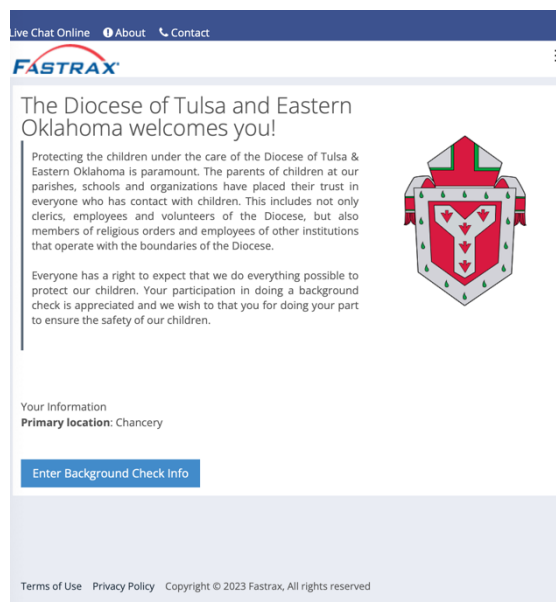
When you are done with CYP requirements, make sure to allow emails from system@virtus.org.



Registration Instructions

Select, Enter Background Check Button to begin.

You will not be able to return to the application if you stop at any point during it. You will need to call the location to reset the application if you do.

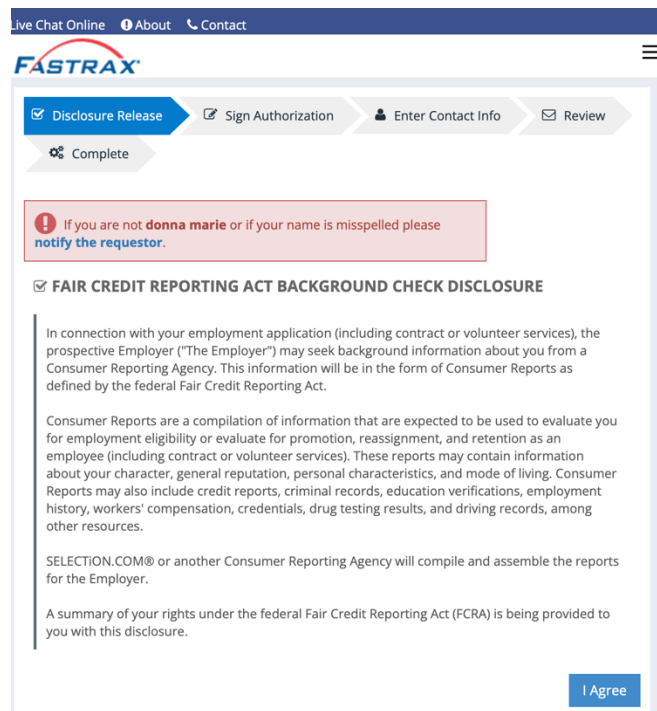


Please **review** the Fair Credit Reporting Act Disclosure

Click I Agree to continue

Please review the application Authorization.

You will not be able to return to the application if you stop at any point during it. You will need to call the location to reset the application if you do.



Registration Instructions

Please **review** the Summary of your rights.

Click the Acknowledgement box, then the button Next to continue.

You will not be able to return to the application if you stop at any point during it. You will need to call the location to reset the application if you do.



Live Chat Online About Contact

FASTRAX

Disclosure Release Sign Authorization Enter Applicant Info Review

Complete

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

- You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your

[Download](#) a copy of this document.

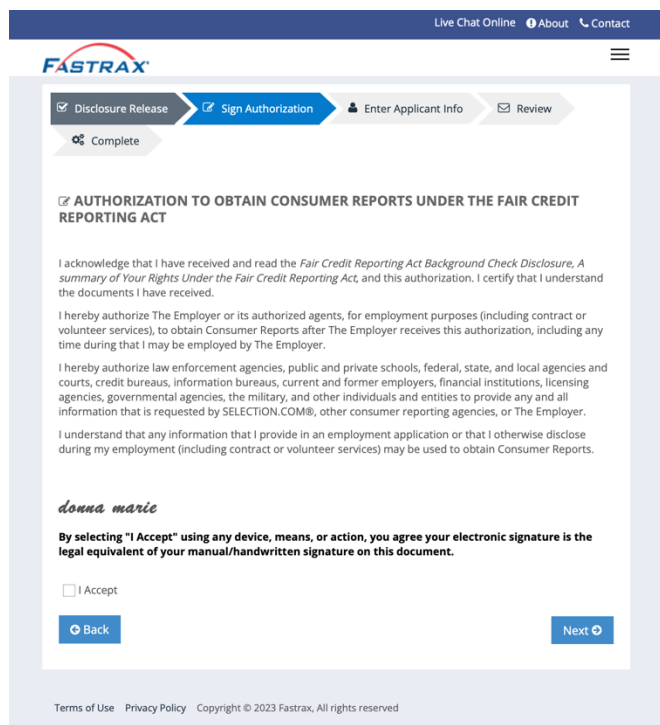
☐ I acknowledge my consumer rights as outlined above.

Back Next

Please review the application Authorization

Click I Accept box, then the button Next to continue.

You will not be able to return to the application if you stop at any point during it. You will need to call the location to reset the application if you do.



Live Chat Online About Contact

FASTRAX

Disclosure Release Sign Authorization Enter Applicant Info Review

Complete

AUTHORIZATION TO OBTAIN CONSUMER REPORTS UNDER THE FAIR CREDIT REPORTING ACT

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure, A summary of Your Rights Under the Fair Credit Reporting Act*, and this authorization. I certify that I understand the documents I have received.

I hereby authorize The Employer or its authorized agents, for employment purposes (including contract or volunteer services), to obtain Consumer Reports after The Employer receives this authorization, including any time during that I may be employed by The Employer.

I hereby authorize law enforcement agencies, public and private schools, federal, state, and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by SELECTION.COM®, other consumer reporting agencies, or The Employer.

I understand that any information that I provide in an employment application or that I otherwise disclose during my employment (including contract or volunteer services) may be used to obtain Consumer Reports.

donna marie

By selecting "I Accept" using any device, means, or action, you agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document.

☐ I Accept

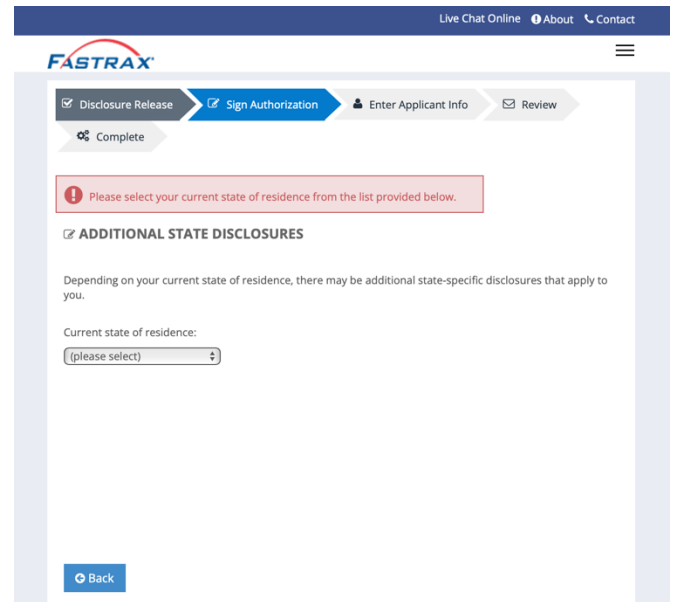
Back Next

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Registration Instructions

Select your current State of residence.

You will not be able to return to the application if you stop at any point during it. You will need to call the location to reset the application if you do.



FASTRAX

Live Chat Online About Contact

Disclosure Release Sign Authorization Enter Applicant Info Review

Complete

Please select your current state of residence from the list provided below.

ADDITIONAL STATE DISCLOSURES

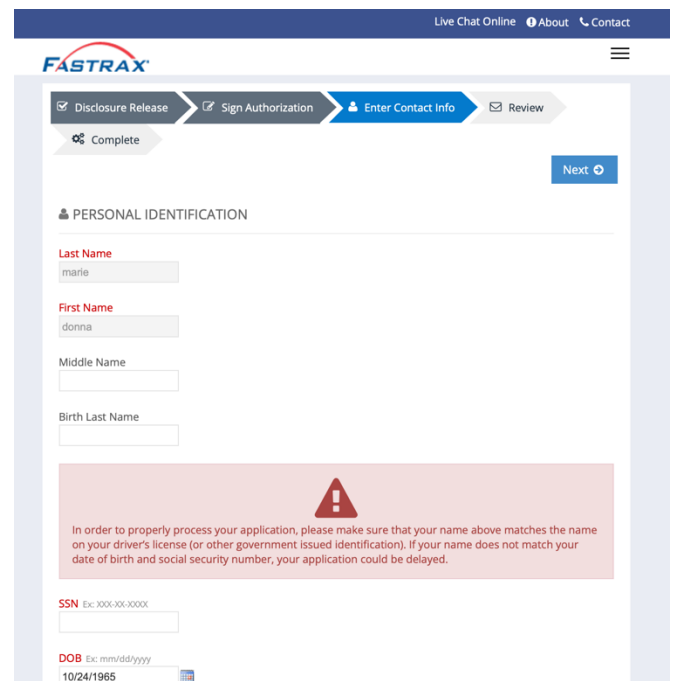
Depending on your current state of residence, there may be additional state-specific disclosures that apply to you.

Current state of residence:
(please select)

Back

To proceed with your Background Check, enter all requested applicant information into the designated fields.

You will not be able to return to the application if you stop at any point during it. You will need to call the location to reset the application if you do.



FASTRAX

Live Chat Online About Contact

Disclosure Release Sign Authorization Enter Contact Info Review

Complete

Next

PERSONAL IDENTIFICATION

Last Name
marie

First Name
donna

Middle Name

Birth Last Name

In order to properly process your application, please make sure that your name above matches the name on your driver's license (or other government issued identification). If your name does not match your date of birth and social security number, your application could be delayed.

SSN Ex: XXX-XX-XXXX

DOB Ex: mm/dd/yyyy
10/24/1965

Registration Instructions

To proceed with your Background Check, enter all requested applicant information into the designated fields.

You will not be able to return to the application if you stop at any point during it. You will need to call the location to reset the application if you do.

Review all information on the screen for accuracy.

To **make corrections**, click Back.

Select the check box to receive a copy of your results emailed to you.

When information is verified, correct and complete, **click** on the red Submit Request button on the bottom of page.

PHONE/EMAIL

Email Ex: abc@xyz.com

naddress@virtus.org

Phone

(918) 307-4919

Ext

Type

Cell

Best Time to Reach Applicant

NOTES

Please enter any other information that will help us with the verification check.

(other spellings of your name, other last names, nicknames, etc.)

Next

Gender

Unknown

Race

ADDRESS

Number Ex: 1234

Street Name Ex: Broadway

Type Ex: Ave

Address Line 2 (Unit No., Route, PO Box, etc.)

Zip Ex: XXXXX

74014

City

Broken Arrow

State

OK - Oklahoma

Contact Information

APPLICANT

donna marie

Last Name: marie

First Name: donna

SSN:

DOB:

Race:

Address:

Email:

Phone:

Phone Type: Cell

CONTACT NOTICES

REQUESTING A COPY OF YOUR BACKGROUND CHECK

If you would like a copy of your completed report, check the box below and provide your email address. A copy of your report will be sent to you.

You may review any reports by calling 800-325-3609 between the hours of 8am - 5pm Eastern Time.

☐ By checking this box, I request to receive a free copy of any consumer report ordered on me.

Please review your request info before submitting. To make changes, use the back buttons on this page.

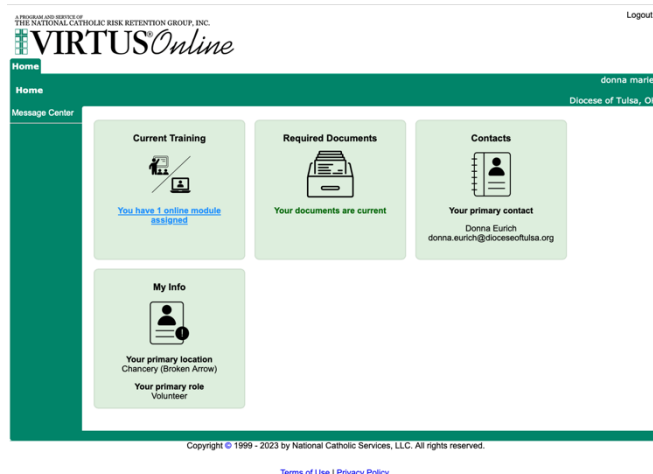
Back

Submit Request

Registration Instructions

Do not forget to return to the VIRTUS website to complete your training.

Select the blue link in the current training box.







Return to VIRTUS Online and access your *Protecting God's Children* training.

Click on the green circle to begin the Online Training

Online Training Courses

To begin your online training, please click the title of your assigned training:

 **Protecting God's Children® Online Awareness Session 3.0**
Assigned: 10/09/2018
Due: 10/23/2018

-  Past due
-  Due date approaching
-  Assigned

If you have questions, please contact the local administrator at the Church or School.

Thank you!