

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

Please register by **going** to:

[https://www.virtusonline.org/virtus/reg\\_2.cfm?theme=0&org=37417](https://www.virtusonline.org/virtus/reg_2.cfm?theme=0&org=37417)

Or you can also go to [www.virtus.org](http://www.virtus.org) and click on 'First-Time Registrant' and select Victoria from the dropdown list.



**Create** a user ID and a password you can easily remember. This is necessary for all participants. This establishes your account with the VIRTUS program. If your preferred user ID is already taken, please choose another ID.

Click **Continue** to proceed.

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

Common names like Mary and John are not good choices as they are most likely already in use.  
 Common abbreviations like 'jsmith' and 'mjones' are also likely to already be in use.  
 We suggest using your full name (without spaces) or email address as they are more likely to be unique.

Create a User ID:

Create a Password:

Your user id is case sensitive. We recommend that you use all lower case letters and avoid spaces and punctuation. Email addresses are ok. Your user id must be at least 4 characters long.

Your password must be at least 8 characters long.

[Important note about selecting passwords](#)

**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, Date of Birth, Driver's License and State, ID's, and any additional names.

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

Click **Continue** to proceed.

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:

First Name:

Full Middle Name:

Last Name:

Nickname:

Suffix:

Email:

Home Address:

Home Address Conf:

City:

State:

ZIP/Postal Code:

Daytime Phone:

Ext:

Evening Phone:

Date of Birth:  

Driver's License / State ID / MEXICAN / Passport / Mexico ID:

State of Issue:

**Your** selected location(s) and role(s) are displayed on the screen.

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

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

**You have chosen following locations and roles:**

Demo Parish (Victoria)

• Volunteer ☒

**Are you associated with any other locations?**



All registrants must please read the **Code of Ethics**.

To proceed, please check the box and provide your **electronic signature** and **today's date**.

Click **Continue** to proceed.

Diocese of Victoria, TX

Code of Conduct

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☐ I hereby represent that I have read, and understand this document.

Please provide an electronic acknowledgement to confirm you have received the document above.

Full Name (first, middle, and last):\*

Today's Date:\*

[Continue](#)

All registrants must please read the **Declarations**.

To proceed, please check the box and provide your **electronic signature** and **today's date**.

Click **Continue** to proceed.

Diocese of Victoria, TX

Declarations

The Catholic Diocese of Victoria appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read and initial each of the statements below.

- I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.
- I hereby authorize the Catholic Diocese of Victoria to conduct a personal and professional background check for the purposes of my application at the Catholic Diocese of Victoria. The Catholic Diocese of Victoria may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the Catholic Diocese of Victoria's contact with the individuals for purposes of employment or volunteer

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☐ I hereby represent that I have read, and understand this document.

Please provide an electronic acknowledgement to confirm you have received the document above.

Full Name (first, middle and last):\*

Today's Date:\*

[Continue](#)

Please answer **Yes or No** to the questions presented, and provide explanations as needed.

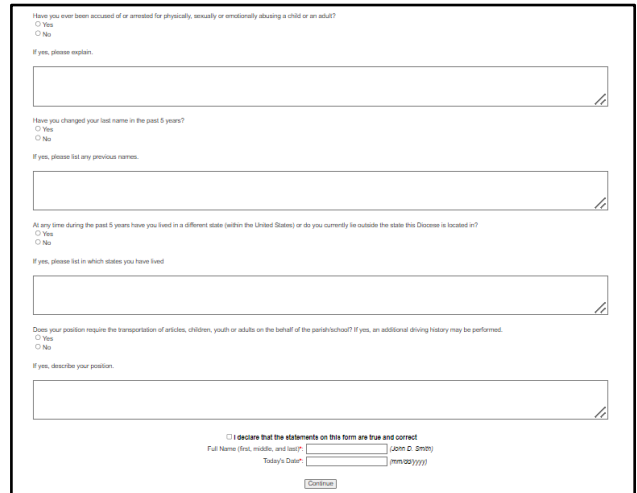
*Have you ever been accused of or arrested for physically, sexually or emotionally abusing a child or an adult?*

*Have you changed your last name in the past 5 years?*

*At any time during the past 5 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?*

*Does your position require the transportation of articles, children, youth or adults on the behalf of the parish/school? If yes, an additional driving history may be performed.*

Click **Continue** to proceed.



Have you ever been accused of or arrested for physically, sexually or emotionally abusing a child or an adult?  
☐ Yes  
☐ No

If yes, please explain:

Have you changed your last name in the past 5 years?  
☐ Yes  
☐ No

If yes, please list any previous names:

At any time during the past 5 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?  
☐ Yes  
☐ No

If yes, please list in which states you have lived:

Does your position require the transportation of articles, children, youth or adults on the behalf of the parish/school? If yes, an additional driving history may be performed.  
☐ Yes  
☐ No

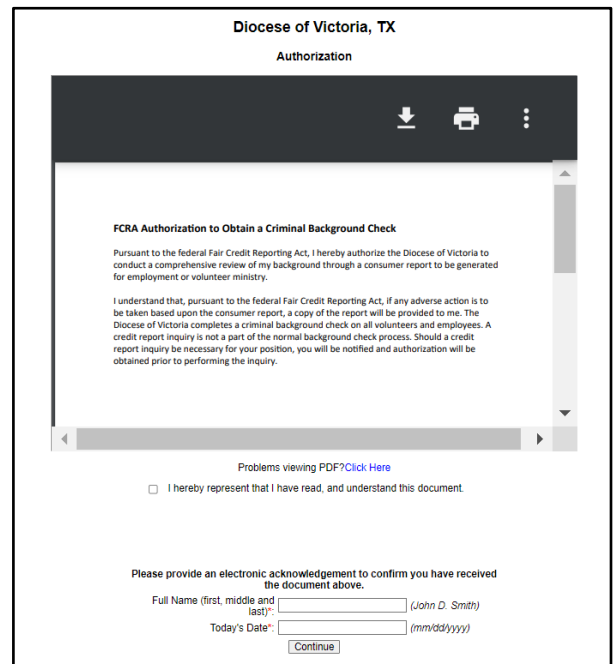
If yes, describe your position:

☐ I declare that the statements on this form are true and correct.  
 Full Name (first, middle, and last):  (John D. Smith)  
 Today's Date:  (mm/dd/yyyy)

All registrants must please read the document **Authorization**.

To proceed, please check the box and provide your **electronic signature** and **today's date**.

Click **Continue** to proceed.



Diocese of Victoria, TX  
**Authorization**

**FCRA Authorization to Obtain a Criminal Background Check**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the Diocese of Victoria to conduct a comprehensive review of my background through a consumer report to be generated for employment or volunteer ministry.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report will be provided to me. The Diocese of Victoria completes a criminal background check on all volunteers and employees. A credit report inquiry is not a part of the normal background check process. Should a credit report inquiry be necessary for your position, you will be notified and authorization will be obtained prior to performing the inquiry.

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☐ I hereby represent that I have read, and understand this document.

Please provide an electronic acknowledgement to confirm you have received the document above.

Full Name (first, middle and last):  (John D. Smith)  
 Today's Date:  (mm/dd/yyyy)

Please select the online training to access.

Click **Continue** to proceed.



Please select the session you wish to attend

☐ Protecting God's Children for Adults (Online Training)

☐ Protecting God's Children for Adults (Online Training in Spanish)

Click on [You have 1 online module assigned](#), and then click on the green circle to begin the Online Training

Upon completion, the last screen will allow you to print a certificate, and you can always log back into your account and access the certificate.

If you have additional questions about VIRTUS Online training, please contact the VIRTUS Help Desk at 1-888-847-8870.

Thank you!


## Current Training




[You have 1 online module assigned](#)

## Online Training Modules

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

 [Protecting God's Children® Online Awareness Session 4.0](#)  
Assigned: 06/12/2023  
Due: 06/26/2023

 Past due

 Due date approaching

 Assigned

If you have additional questions about VIRTUS Online training, please contact the VIRTUS Help Desk at 1-888-847-8870.

