

CHILD AND YOUTH PROTECTION COMPLIANCE FORM
SCHOOL VOLUNTEER

Name _____

School _____ City _____

- ☐ I understand that by signing the Disclosure and Authorization Form, I give my consent to the Diocese of Camden to do a background check on me.
- ☐ I have made an appointment to have my fingerprints done through New Jersey State Police. The date of my appointment is _____.
- ☐ I understand that I cannot have any contact with students in this school until the principal or safe environment coordinator (SEC) has received a copy of my clearance letter from the Office of Child & Youth Protection.
- ☐ I understand that the Diocese of Camden requires all adults in regular contact with minors to complete a safe environment training session called VIRTUS® Protecting God's Children. I am required to attend a PGC session within 60 days of initial contact with students. If I miss this deadline for whatever reason, I will not be allowed to volunteer until I have attended PGC.
- ☐ I created my VIRTUS® account on this date _____ and I notified the SEC that I did this. I will attend PGC on this date _____.
- ☐ Upon completion of PGC, I will bring a copy of my certificate of attendance to the SEC.

Signed: _____ Date: _____

July 2023

The Diocese of Camden, New Jersey
DISCLOSURE AND AUTHORIZATION FORM
Consent to a Background Check
Updated December, 2023

DISCLOSURE

In connection with your employment, application for employment or as a volunteer (including contract for services), a criminal history background check, will be conducted. If you provide fingerprints, these will be submitted to law enforcement, including the New Jersey State Police and the Federal Bureau of Investigation, for the purpose of conducting a criminal history background check.

Consumer reports may be requested from a Consumer Reporting Agency, including but not limited to Selection.com®. These reports may include information concerning criminal records from federal, state and other agencies which maintain such records and possibly other records as are needed to determine and/or confirm current and previous addresses in order to perform an appropriate criminal history background check. You have the right to make a request to Selection.com®, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that Selection.com® has previously furnished within the two-year period preceding your request. Selection.com® may be contacted by mail at 155 Tri-County Parkway, Suite 150, Cincinnati, Ohio, 45246, or by phone at (800) 325-3609.

AUTHORIZATION

I AUTHORIZE, WITHOUT RESERVATION, THE CONSUMER REPORTING AGENCY, AND ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

The Consumer Reporting Agency is authorized to disclose relevant information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, volunteering, or any other lawful purpose. I authorize the requesting entity to share relevant information obtained with the location(s) at which I seek to work or volunteer.

By signing below, I certify that I have read and fully understand this authorization, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this authorization voluntarily and with the knowledge that the information being provided could affect my being hired, my employment, or my eligibility to volunteer.

PRINT NAME CLEARLY:

First Name _____ Middle Name _____ Last Name _____

SIGNATURE: _____ TODAY'S DATE: ____/____/____

SOCIAL SECURITY NO. _____ DATE OF BIRTH: ____/____/____

CURRENT ADDRESS: _____ CITY: _____ ST: ____ ZIP: _____

PHONE NO. (____) _____ EMAIL: _____

PREVIOUS ADDRESS: _____ CITY: _____ ST: ____ ZIP: _____

(If fewer than 5 years at current address)

Company Name: **The Diocese of Camden, New Jersey**

Location Name: Saint Margaret's Regional Catholic School

Location Number: CAM221

The person signing this form is either a **Volunteer** or an **Employee** **(PLEASE CIRCLE ONE)**

Location Safe Environment Coordinator: Jackie Benson

Safe Environment Coordinator Phone: 856-845-5200



DIOCESE OF CAMDEN

Office of Child and Youth Protection

We can be sure that we love God's children when we love God and do what He has commanded. 1 John 5:2

Fingerprint process for parish employees, parish volunteers and school volunteers.
(School employees follow a different process.)
Effective February 17, 2020.

1. A Microsoft web browser like Internet Explorer or Edge is recommended.
2. Enter the following url: <http://uenroll.identogo.com>
3. Enter this Service Code to get started: **2F1J3Y**
4. Click on the first option: Schedule or Manage Appointment
5. Enter your information as prompted. Note that your legal name must match exactly the name on the identification document you are bringing to the fingerprint location. Click Next when you have completed the page.
6. This page informs you that payment is now required at the fingerprint location. Only a credit card, business check or money order is accepted. No personal check and no cash. Click Next.
7. Enter the Contributor's Case Number. This is six-digits beginning with the letters CAM that is given to you by the parish or school safe environment coordinator and is specific to your location. For example, CAM001 or CAM260. If you enter the wrong number here, you will not receive a clearance letter. Click Next. **-CAM221**
8. This page is your citizenship. Enter requested information. Click Next.
9. Answer the two questions. Click Next.
10. Enter your personal information. Click Next.
11. Enter your mailing address. Click Next.
12. Select from the drop down menu the document you will be bringing to the fingerprint location. Click Next.
13. Enter your zip code to find the nearest fingerprint locations to you. Click Search. Select the location, the date and the time and click on Submit. It is strongly recommended that you give yourself plenty of time and arrive early.
14. This will take you back to the page with the payment information. At the bottom of the page you will see your scheduled appointment. Click on Done.

If your parish or school reimburses the expense of the fingerprinting, please make sure you give the receipt to the safe environment coordinator.

February 2020

Registration Instructions

First Time User - Version 2

Diocese of Camden

Select the role(s) that you serve within your parish. Please check **all** roles that apply.

Additionally, **enter** your title or position of service in the box provided that best describes your role within the Diocese – i.e. Catechist, Coach, DRE, Eucharistic Minister, Math Teacher, Seminarian, etc.

Click **Continue** to proceed.

Please select another 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**
Paid persons who are employed by and work directly for the diocese or a parish or a school. This includes paid youth ministers and any other paid parish minister. This includes staff employed at the diocesan center, pastoral center and Catholic Charities.

☐ **Volunteer**
Unpaid individuals including catechists, youth ministers, coaches.

☐ **Priest**

☐ **Deacon**

☐ **Candidate for ordination**
All seminarians and candidates for the permanent diaconate.

☐ **Educator**
Salaries teachers, principals, and administrators in diocesan and parish schools.

[Continue](#)

Your selected location(s) are 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**.

You have chosen following locations and roles:

Assumption School (Galloway)

• Volunteer ✓

Are you associated with any other locations?

[Yes](#)

[No](#)

Please answer the question, 'Have you already attended a VIRTUS Protecting God's Children Session?'

Click **Yes or No** to proceed.

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

[YES](#)

[NO](#)

Select the link within the box that says "**Current Training**" to complete your online module.

Current Training  You have 1 online module assigned Register for an upcoming session	Contacts  Your primary contact Click here for contacts	My Info  Your primary location Camden Catholic High School (Cherry Hill) Your primary role Volunteer
Reporting Abuse  Click here for reporting options	Resources  Diocesan website Child and Youth Protection Victim Assistance	



Registration Instructions First Time User - Version 2 Diocese of Camden

To complete online training, please click on the **green circle** to begin the **Online Training**

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

After you complete the online training, you will soon receive an email of approval.

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 Camden](#)

Assigned: 01/31/2022

Due: 02/14/2022

Other Languages Available (You may change versions)
Otros idiomas disponibles (puede cambiar versiones)

If you have additional questions about VIRTUS Online training, please contact your local administrator. **Thank you!**

A PROGRAM AND SERVICE OF
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.



VIRTUS[®]Online

Registration Instructions

First Time User - Version 2

Diocese of Camden

Before completing **Protecting God's Children** training online, all participants **must** first register with **VIRTUS Online**. Please click on the VIRTUS link to access the VIRTUS Registration page:

https://www.virtusonline.org/virtus/reg_2.cfm?theme=0&org=37521

Or, please go to www.virtus.org and click on First Time Registrant and select **Camden** from the drop down 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. We suggest the use of email addresses as usernames.

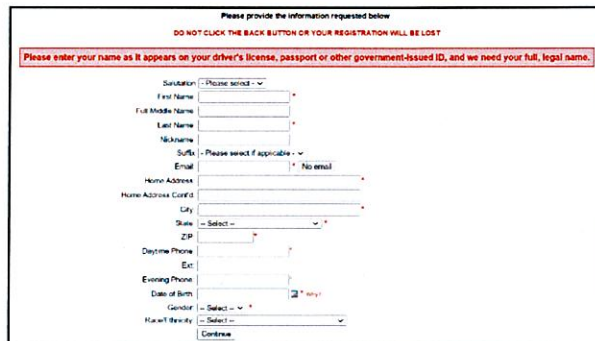
Click **Continue** to proceed.



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, Gender and Race.

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

Click **Continue** to proceed.



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

Click **Continue** to proceed.

Note: If you serve at multiple diocesan locations, you will be prompted to select those additional locations in future screen(s).





Protecting God's Children[®] for Adults

Is training conducted by VIRTUS[®] certified facilitators on the prevention of child sexual abuse. The training makes participants aware of the signs of child sexual abuse, the methods and means by which offenders commit abuse, and five easy steps one can use to prevent child sexual abuse. Two videos are the centerpiece of the training: **A Time to Protect God's Children[™]** and **A Plan to Protect God's Children[™]**. The facilitators incorporate policies and procedures into the training defining child sexual abuse, addressing the reporting of child sexual abuse, the screening and selection of employees and volunteers, and victim advocacy. This training is mandatory for all people who come into contact with minors and youth in the Diocese.