

REQUIRED PAPERWORK FOR VOLUNTEERS

NOTE: All forms need to be turned in at the main office
You must be an approved volunteer to work

1. **EMERGENCY CARD** (Please Fill out and return)
2. **VIRTUS CERTIFICATION**
Volunteers must complete the VIRTUS training program and record of completion keep on file in the main office
3. **FINGERPRINTING/LIVE SCAN**
Enclosed is a form to fill in and a list of Archdiocese locations including date and time for fingerprinting. Please arrive at the location as indicated for Live Scan. Note: Serra will only reimburse for attending an Archdiocese location.
4. **GUIDELINES FOR ADULTS INTERACTING WITH MINORS AT PARISH OR PARISH SCHOOL ACTIVITIES OF EVENTS (GLOBAL ARCHDIOCESAN)**
Sign and return Acknowledgement of Receipt
5. **CHILD ABUSE FORM AND GUIDE FOR PROFESSIONAL RELATIONSHIPS**
Please sign
6. **TB SKIN TEST**
 - Required every 2 (two) years
 - Give proof to the main office if taken within last 2 (two) years
 - Sample form is provided but most clinics/doctors will provide their own
 - Turn in completed form to the main office.

PLEASE RETAIN COPIES OF ALL DOCUMENTS FOR YOUR RECORDS

VOLUNTEER AGREEMENT

Volunteer Name: _____
Address: _____ [street] _____ [city, state, zip code]
Phone: _____ [home] _____ [cell] _____ [email]
Parish/School: _____ City: _____
Activity: _____ Date(s) of Activity: _____

1. I wish to participate in the activity described above as a volunteer. Check the applicable category below.
 - I am not an employee of the parish/school. I understand and agree that I will not be paid for my volunteer service. I have not been promised and do not expect any compensation in any form.
 - I am a parent/guardian of a student who is enrolled at the school. I understand that I am expected to provide service hours to the school. I understand and agree that I will not be paid for my service hours and that I have not been promised and am not entitled to any other kind of compensation for my services.
 - I am an employee of the parish/school. I am choosing to participate in this activity and not as a result of any suggestion or direction of the parish/school. My volunteer service is not related to the work I ordinarily do for the parish/school. I will not be paid for volunteering and am not entitled to any other kind of compensation.
2. I understand that I can be reimbursed for reasonable expenses I may have in carrying out my volunteer activity, provided that those expenses have been approved ahead of time by the person in charge of the activity.
3. I agree that I shall act only at the direction of the person in charge of the activity in which I participate, and that my duties and responsibilities are limited to those duties and responsibilities that I am given by the person in charge. Except if I am given permission by the person in charge, I may not represent to anyone that I am acting on behalf of the parish/school or that I represent the parish/school.
4. I understand that the volunteer activity may involve physical activity such as:

5. I am physically and mentally able to perform the volunteer activity. If I have any limitations, I promise to inform the person in charge. I agree to assume any risks that may arise from my participation in the volunteer activity. I understand and agree that if I am injured, I am not covered by workers compensation insurance.
7. I agree to abide by the policies and procedures the Archdiocese and the parish/school maintains to provide a caring, safe, educational, and charitable environment for all who give and receive its services. I will keep confidential any personal, private information I may acquire, especially information about students, families and parish/school personnel.
8. I agree that I and my work may be photographed, filmed, taped or recorded while performing my volunteer service. I understand and agree that I will not be paid or receive any other kind of compensation for the reproduction of my image, voice or work.

I have received, read and understand this Volunteer Agreement. If I have any questions about this Agreement or any of the parish/school policies and procedures, I can ask the person in charge.

DATE: _____

Volunteer



EMERGENCY INFORMATION SHEET

Name: _____ Date: _____

School: _____ Job Title: _____

Building: _____ Floor: _____ Lay ___ Religious ___ Clergy ___

Extension: _____ Work Days/Hours: _____

Home Address: _____

Home Phone No: _____ Birth Date: _____

Social Security No: _____ Marital Status: _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY: *(Please list two--one out of state, if possible)*

Name: _____ Relationship: _____

Address: _____

Home Phone No: _____ Work Phone No: _____

Name: _____ Relationship: _____

Address: _____

Home Phone No: _____ Work Phone No: _____

IF YOU WISH YOUR PERSONAL PHYSICIAN TO BE CONTACTED, PLEASE INDICATE THE PHYSICIAN'S NAME, ADDRESS AND TELEPHONE NUMBER.

Name: _____ Phone No: _____

Special Considerations: _____

List any special medical needs, allergies, prescribed medication, etc. _____

If necessary, can you show evidence of current automobile insurance? _____





**VIRTUS® Programs and
Protecting God's Children™ Program
Registration Information Form**

STEP 1: Did you register online to attend this Protecting God's Children™ awareness session?

- IF YES, your registration for VIRTUS Online is complete. You DO NOT need to register again.
- IF NO, proceed to STEP 2.

STEP 2: Do you have Internet Access?

- If YES, please go to www.virtusonline.org to register your information as soon as possible following this training session. You do not need to complete this form. (See attached Post-Training Registration Instructions.)
- If NO, please complete this form and give it to the facilitator/coordinator of the session you are attending before you leave.

NOTE: Please do not use this form if you have a computer with an Internet connection, OR access to a computer with an Internet connection. Your diocese does not have the resources to complete the registration process for those who have the ability to complete the process by themselves.

Your Organization (Archdiocese/Diocese): Our Lady of the Angels - San Pedro Region

Salutation: (i.e. Mr., Ms., Mrs., Br., Sr., etc.) _____

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Your Primary Location (Where you work, volunteer, or worship - i.e. Parish Name and City):

Secondary Location(s) (Other locations where you work, volunteer, or worship - i.e. Parish Name and City):

Please select the roles that you play within your Diocese (please check all that apply):

- | | | |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Candidate for ordination | <input type="checkbox"/> Employee | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Deacon | <input type="checkbox"/> Parent | |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Priest | |

Your Title(s) within the Diocese (i.e. Catechist, Coach, Room Mom, Scout Leader, Spanish Teacher, etc):

Training Course: Protecting God's Children™ Awareness Session for Adults

Training Date: _____ Time: _____

Training Location: _____
(Facility Name & City)

Are you a parent or guardian of a child under 18? Yes No Decline to answer

Do you interact with, work with or come into contact with minors (anyone under the age of 18 years) during your activities at 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

Bring this form and your drivers license or other photo ID to your fingerprinting appointment.
REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A5579 Type of Application (check): Paid Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Catechist DRE Youth \ Music Minister Other **PRIVATE SCHOOL**

Agency Address Set Contributing Agency:
JUNIPERO SERRA HIGH SCHOOL N/A
 14830 S. Van Ness Ave. Mail Code (five digit code assigned by DOJ)
 Gardena, CA 90249 **Ronaldo Meneses**
Contact Name (Mandatory for all school submissions)
(310) 324-6675
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Phone Number _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P. O. Box

Place of Birth: _____
City, State and Zip Code

SS# _____

Location number of school or parish: OCA #

If resubmission, list Original ATI No. _____

Level of Service DOJ FBI

Name of Parish / School: _____ Mail Code: _____ (five digit code assigned by DOJ)

Street No. / Street or PO Box _____

City _____ State **CA** Zip _____

Live Scan Transaction Completed By: _____ Date: _____
(Name of Operator)

Archdiocese of Los Angeles
 Transmitting Agency ATI No. _____ Amount Collected: _____

The information above may be verified and used by the Archdiocese of Los Angeles and its entities for reports and clearances. I agree to such use and to hold harmless the Archdiocese and its entities.

Signature _____ Date _____

For Fingerprinting Schedule & Locations visit the address below:

www.la-archdiocese.org/org/hr/pages/fingerprinting.aspx

ARCHDIOCESE OF LOS ANGELES
GUIDELINES FOR ADULTS INTERACTING WITH MINORS
AT PARISH OR PARISH SCHOOL ACTIVITIES OR EVENTS

Revised 8/2007 - 1/27/10 - 6/8/2010

(Replace 8/2007 Guidelines for Adults Interacting with Minors in Article 6)

Adults acting in a staff, faculty, ministerial or other paid or volunteer position in the Archdiocese are role models who are called to treat each minor with respect and care. Clergy/staff members/faculty/volunteers serving either in a paid or volunteer position need to maintain professional relationships with minors whether on or off the parish or parish school locations. **Please review the following guidelines and sign the "Acknowledgement of Receipt" for the file at the parish or school where you work or volunteer.**

- Clergy/staff members/faculty/volunteers will ensure that minors are properly supervised at all times, thus providing them a safe environment. Minors must be viewed as "restricted individuals" because they are not adults and are not independent.
- If clergy/staff members/faculty/volunteers who are supervising minors observe a situation where civil law, parish and/or school rules are being violated, they must take appropriate action immediately.
- Clergy/staff members/faculty/volunteers should always be aware they have considerable personal power because of their ministerial positions. Therefore, they will maintain respectful ministerial relationships, avoiding manipulation and other abuses of power.
- Clergy/staff members/faculty/volunteers must avoid assuming the role of a "father or mother figure," which may create an excessive emotional attachment for all parties.
- Attraction between adults and minors is possible, and care and caution should be taken in all interactions. The parish/school administration should be informed immediately if such an attraction exists. Dating or sexual relationships between a clergy/staff member/faculty/volunteer and a minor are inappropriate and unethical. Dating or sexual relationships between a clergy/staff member/faculty/volunteer and a minor are unlawful.
- Communications with minors (e.g., notes, letters, e-mail and Internet exchanges, telephone calls) must be for professional reasons only.
- Discussions of a sexual nature must always take place in an appropriate educational context. Sexual jokes, slang or innuendo are inappropriate when interacting with minors.
- Clergy/staff members/faculty/volunteers will respect confidential information concerning minors or confidential information of a personal nature shared by a minor. However, if a minor shares confidential information that could pose a threat to the minor or to others, the clergy/staff member/faculty/volunteer has an obligation to notify the proper authorities.
- When clergy/staff members/faculty/volunteers are supervising minors or young adults at parish or parish school-sponsored activities, they may not be under the influence of alcohol, may not consume alcohol in the presence of persons under age 21, nor offer alcohol to them.
- When a clergy/staff member/faculty/volunteer is alone in a room with a minor, the door must be open, or there must be clear visibility through windows.
- Clergy/staff members/faculty/volunteers are to engage in games or sports activities with minors only in the presence of other adults, or in a place openly accessible/visible to others.
- Clergy/staff members/faculty/volunteers planning parish/school events in their homes with minors must have the permission of the parish/school administration. In addition, clergy/staff members/faculty/volunteers may not have any minors in their homes without the knowledge of the minor's parent or guardian.
- Clergy/staff members/faculty/volunteers may not drive minors unless it is to or from a parish/parish school-sponsored activity and may never drive alone with a minor. Driving minors requires parental permission slips that indicate the transportation is by personal vehicle. The parish/parish school administration must approve any use of personal vehicles. Trips involving minors must have a sufficient number of adult chaperones and minors to preclude the appearance of inappropriate personal involvement with minors.
- Parent/guardian written permission is required for the publication of a picture of a minor.
- Adults are permitted to interact alone with minor/minors only after complying with Archdiocesan policies regarding fingerprinting and safe environment training. They may work with minors only as part of a team if they have not met those requirements.



**ACKNOWLEDGMENT OF RECEIPT
OF
GUIDELINES FOR ADULTS INTERACTING WITH MINORS
AT PARISH/SCHOOL ACTIVITIES OR EVENTS**

Revised 8/2007- 1/27/10
Revised 6/8/2010

I have received and agree to comply with the *Guidelines for Adults Interacting with Minors at Parish, Parish School, Youth Ministry or Religious Education Activities or Events* of the Archdiocese of Los Angeles. As stated in the copy of these guidelines: **“All adults working or volunteering with minors are also accountable to follow all policies contained in any other ‘Handbooks’ that the parish/school may use’ (i.e.: Catholic Schools Handbook, Parish ministry handbook, etc.).** All adults acting in a staff, faculty, ministerial or other paid or volunteer* position in the Archdiocese are role models who are called to treat each minor with respect and care. Clergy/staff members/faculty/volunteers serving either in a paid or volunteer position need to maintain professional relationships with minors whether on or off the parish or parish school locations.” These guidelines are part of the commitment of the Archdiocese of Los Angeles to keep children and youth safe and to provide a role model for all minors under our care.

Activity(ies) or Event(s) in which I am involved:

Name (please print legibly): _____

Signature: _____

Date: _____



Archdiocese of Los Angeles

Revised 8/12/99

CHILD ABUSE ACKNOWLEDGEMENT FORM

It is my understanding that Section 11166.5 of the California Penal Code requires that any child care custodian who enters into employment after January 1st, 1985 acknowledges that Section 11166 requires any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of is or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately, or as soon as practically possible, by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

It is my further understanding that teachers, instructional aides, teachers' aides or teachers' assistants, administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private youth center, youth recreation program, or youth organization and administrators or employees of a public or private organization whose duties require direct contact and supervision of children are considered to be child care custodians.

I hereby acknowledge the provisions of Penal Code Section 11166 and will comply with its provisions.

NAME OF EMPLOYEE _____
(please print)

SIGNATURE OF EMPLOYEE _____

DATE _____

**THIS FORM IS TO BE COMPLETED AT THE TIME OF HIRING OF ANY NEW EMPLOYEE
AND IS TO BE PLACED IN THE EMPLOYEE'S FILE.**

76T789A - 2/82

TUBERCULOSIS SKIN TEST REPORT

(NEGATIVE)

NAME _____

ADDRESS _____

THIS REPORT IS IMPORTANT - KEEP IT!

YOUR TUBERCULIN TEST ON _____ WAS NEGATIVE.

(_____ mm Induration to 3TU PPD)

This means there are no signs of TB germs in your body. However, a negative test can change to positive if you come in close contact with a person with infectious TB disease. If you think you have been exposed to someone with TB, the tuberculin test should be repeated.

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

TUBERCULOSIS SKIN TEST REPORT

(POSITIVE)

NAME _____

ADDRESS _____

THIS REPORT IS IMPORTANT. IT EXPLAINS YOUR SKIN TEST RESULTS. PLEASE KEEP IT!

YOUR TUBERCULIN TEST ON _____ WAS POSITIVE.

(_____ mm Induration to 3TU PPD)

This means that sometime in the past you were exposed to someone with TB and TB germs have entered and can remain alive in your body for life.

THIS DOES NOT NECESSARILY MEAN THAT THE TB GERMS HAVE DONE DAMAGE!

Usually body defenses build up and prevent the germs from multiplying and causing damage.

To find out if your lungs are normal; you must have a chest x-ray, as soon as possible, either by your private physician or at the District Health Center near where you live.

If the x-ray is normal, the TB germs in your body may still cause serious lung damage later in life. For this reason, the doctor may recommend that you take a drug, isoniazid (INH), for one year in order to prevent the TB germs from multiplying, spreading and causing disease.

If you do not take INH, you should contact your doctor or the clinic about a repeat chest x-ray as soon as one of the following conditions develop: Diabetes, Surgery to Remove Stomach, Silicosis (Black Lung), Cancer, Cortisone treatment, Pregnancy, Prolonged Physical or Emotional Stress.

These conditions increase the risk of your developing TB disease.

NOTE: Since a future skin test will probably be positive, it need not be repeated.

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES



JUNIPERO SERRA HIGH SCHOOL

Junipero Serra High School believes that students of all faiths and backgrounds deserve an academically challenging, spiritually enriching Catholic college preparatory education that forms them to become generous, responsible citizens and leaders.

DRIVER INFORMATION SHEET FOR EVENTS/ACTIVITIES OFF PARISH PREMISES

DRIVER:

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ E-Mail: _____

Driver License #: _____ Expiration Date: _____

VEHICLE TO BE USED:

Name of Owner: _____ Model of Car: _____

Owner Address: _____ City: _____ Zip: _____

Vehicle Make: _____ Year: _____ License Plate #: _____

Registration Expiration Date: _____ Plate Expiration Date: _____

If more than one vehicle is to be used, the above information must be provided for each vehicle.

INSURANCE INFORMATION:

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. The minimal, acceptable liability limit for privately owned vehicles is \$100,000.00/\$300,000.00

Insurance Company: _____ Policy #: _____

Expiration Date of Policy: _____ Liability Limit: _____

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration. I also understand that my insurance, which is current, will serve as the primary coverage in the event of an accident.

Signature: _____ Date: _____