



VOLUNTEER PACKET

BECOME A JAGUAR PARENT VOLUNTEER

Requirements to be completed:

Application
Volunteer Pledge
Virtus Course
Fingerprinting

Student Name: _____

Appendix "A" VOLUNTEER APPLICATION ARCHDIOCESE OF MIAMI

Dear Volunteer:

Thank you for offering your time and talent to our parish/school. Volunteers such as yourself are indispensable to our programs.

We know you understand the need to make appropriate inquiries of those to whom the care of our young people is entrusted within the Church. Please supply the information requested below and return this form to your Director of Religious Education, your Youth Minister, Principal, or Administrator.

PLEASE PRINT

Name _____ Social Security # _____

Address _____

Date of Birth _____ Work Phone _____ Home Phone _____

Driver's License No. _____ State _____

Parish _____

RELIGIOUS INFORMATION

Parish

Baptism	() Yes	() No	_____
First Communion	() Yes	() No	_____
Confirmation	() Yes	() No	_____

EDUCATION (Optional)

Elementary Completed	() Yes	() No
High School Completed	() Yes	() No
College	() Yes	() No
Graduate Work	() Yes	() No
Specialization _____		

DO YOU HAVE ANY HISTORY OF:

Alcohol or drug abuse	() Yes	() No
Mental Illness	() Yes	() No
Contagious Disease(s)	() Yes	() No

Problems with the Law

1. Have you ever been arrested? () Yes () No
 2. Have you ever been accused of child neglect or abuse? () Yes () No
 3. Has your driver's license ever been suspended or revoked? () Yes () No
- Probation () Yes () No

Please explain if any answer is "Yes": _____

BACKGROUND QUESTIONS

1. Has a criminal, civil or internal complaint to management or supervisors at places of employment/volunteering ever been filed against you which alleged sexual misconduct, harassment or child abuse by you, or your participation in or facilitation of such activities?

() Yes () No

If yes, explain. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed, disposition of the complaint; and identify by name & title, the person(s) who investigated the complaint and the person who adjudicated the complaint.

2. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (i.e. elderly, mentally or emotionally challenged, etc.)

() Yes () No

If yes, please provide the name, address and telephone number of the organization; period of volunteer service, supervisor's name; and briefly describe your activities and/or duties.

3. Have you ever terminated any employment or volunteer service or chosen not to renew or continue any employment or volunteer service or have you ever had employment/volunteer service terminated, or been subject to any disciplinary action against you for reasons relating to allegations of sexual misconduct or child abuse by you?

() Yes () No

If yes, please explain. Please include in your explanation the date, nature and place of the occurrence(s) or allegation(s); and the disposition of the matter(s). Also identify your employer and supervisor at the time by name, address and telephone number.

4. Have you ever been convicted of a crime (other than a minor traffic violation)?

() Yes () No

If yes, please explain. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.

5. Have you ever been reprimanded, investigated, or dismissed from a position for grounds that include or involve immoral conduct, unprofessional conduct, unethical conduct, harassment, including sexual harassment, unfitness for service, etc.?

() Yes () No

If yes, please explain incident, and provide name of supervisor, telephone numbers, dates, etc.

6. Have you ever been a defendant in a civil action for an intentional tort, including but not limited to, assault, false imprisonment, rape, etc.?

() Yes () No

PRIOR EXPERIENCE WORKING WITH CHILDREN/YOUTH (Please check those that apply)

() Children (up to age 10)

Explain _____

Name, address and phone number of your Supervisor:

() Youth (11-14) Explain _____

Name, address and phone number of your Supervisor:

() Teens (15-18) Explain _____

Name, address and phone number of your Supervisor:

WHAT WOULD YOU SAY ARE YOUR STRONGEST GIFTS?

PLEASE DESCRIBE IN YOUR OWN WORDS WHAT PROMPTED YOU TO VOLUNTEER YOUR SERVICES WITH THIS PROGRAM.

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me.

I authorize the Archdiocese of Miami, its employees and agents, to make inquiries, including criminal history, employment history and driving history. I hereby release and agree to hold harmless from liability any person(s) or organization, who, in good faith, provides information to complete a background investigation. I also agree to release and hold harmless the local parish, school, or other diocesan institution, the Archdiocese of Miami, the Archbishop, and the officers, employees and volunteers thereof from any present or future claim of any kind resulting from any alleged liability for conducting a background investigation which may include, but not limited to, criminal courts, state and county and national repositories of criminal records.

Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Volunteer's Printed Name _____

Volunteer's Signature _____ Date _____



Archdiocese of Miami

Volunteer Pledge to Promote Safe Environment

As a volunteer in the Archdiocese of Miami, I am committed to being a person of good moral character and to be conscious of the unique authority and responsibility that I hold due to the trust placed in me by way of service to minors or vulnerable adults. I am expected to uphold the following Pledge to Promote a Safe Environment which covers activities in which I may be working with minors or vulnerable adults. The Pledge supports the Archdiocesan policy outlined in “Creating and Maintaining a Safe Environment for Children and Vulnerable Adults.” I also declare that I have read the following and have been given a copy for reference. Based on the following I pledge to:

1. Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration, regardless of the circumstances of the encounter.
2. Assume the full burden of responsibility for setting and maintaining clear and appropriate physical and emotional boundaries with minors or vulnerable persons.
3. Avoid situations that would present unsupervised one-on-one contact with a minor or vulnerable person.
4. Use positive reinforcement rather than criticism, competition or comparison when working with others, especially minors or vulnerable persons.
5. Show prudent discretion in the expression of affections used with minors or vulnerable adults and to adhere to the PAN principle-- keeping all touch Public Appropriate and Nonsexual. Discretion should include refraining from giving or receiving gifts from minors or vulnerable adults, and/or their parents except small tokens of appreciation on occasions such as Christmas or birthdays.
6. Avoid any covert or overt sexual behavior with minors or vulnerable adults even if they initiate such behavior. This includes seductive speech or gestures as well as physical contact that sexually abuses, exploits, or harasses a person.
7. Never initiate sexual behavior with a minor or vulnerable adult. Such behavior, if witnessed, must be reported to a supervisor immediately.
8. Report suspected abuse to the legal authorities by contacting the Department of Children and Families, DCF, at 1-800-96ABUSE (1-800-962-2873) and to notify my supervisor of the report, including the case number, as soon as possible. I understand that failure to report suspected abuse to civil authorities is a crime.
9. Cooperate fully in any investigation of abuse of minors or vulnerable persons.
10. Exercise care to avoid exposing others when suffering from a contagious condition such as the flu, fever, or cold.

11. Never possess, consume, or offer alcohol products, tobacco products or illegal drugs, nor be under the influence of alcohol or illegal drugs, when engaged in any ministry of the Archdiocese of Miami especially with minors or vulnerable persons.
12. Never humiliate, ridicule, frighten, threaten, or degrade anyone especially minors or vulnerable persons including when applying discipline.
13. Never strike, spank, shake, or slap anyone especially minors or vulnerable persons.
14. Never touch anyone, especially minors or vulnerable persons in a sexual or other inappropriate manner.
15. Never use profanity in the presence of anyone especially minors or vulnerable persons.
16. Never allow a situation where a child or vulnerable adult is alone in a car with an adult if that adult is neither the parent nor guardian.
17. Never share a bedroom with anyone with whom I am in ministry, especially minors or vulnerable adults.
18. Never provide anyone, especially minors or vulnerable adults, with videos, readings or graphic materials which are inappropriately sexual in nature. Creating, distributing, or maintaining child pornography in any form is a crime in the State of Florida and is immediately reported to law enforcement officials.
19. Never communicate electronically, including social networking sites and text messaging, with minors or vulnerable persons, except as specifically authorized by school policy. Parents/guardians should be the primary contact source and all communication must be copied to the supervisor.
20. Never engage in sexual behavior over the internet with those in my ministry and/or anyone, especially minors or vulnerable adults, when engaged in ministry.
21. Immediately report suspected violations of the Pledge to the Principal, Program Director or Clergy. If the suspected violator is the Principal, Program Director or Clergy the report should be made to the Vicar General (305-762-1220).

I pledge to follow these guidelines in my relationships with all persons with whom I have contact in my ministry, especially minors or vulnerable adults.

Printed Name: _____

Signature: _____

Institution: _____

Date: _____

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



All volunteers must complete the “Protecting God’s Children” training either in person or online.

Virtus training sessions run approximately three hours long. Due to the subject matter, children are not allowed in the session. Participants will not be allowed to enter or arrive late, nor will their attendance be counted if they leave early. To register for a Virtus “Protecting God’s Children for Adults’ session, log in to www.virtus.org and click on “first time registrant” located on the left-hand side of the page. Next choose Archdiocese of Miami and the “organization” and then view a list of sessions available to start the registration process. Follow the prompts.

Once registered, you will receive bulletins to read periodically. You will receive an email notification when a new bulletin has been assigned to you. Please stay up to date with the bulletins to maintain an active, cleared volunteer status with the school.

Virtus Training Report Printing Instructions:

- Go to www.virtus.org
- Sign in with your username and password.
- Click on the box that says Training Report (it is on third box on the top row).
- The report will open; on the top right corner you will see the printer icon.
- Click on the printer icon; the report will open again.
- Right click anywhere on the report and select print. This will print the training report.
- Scan the report or take a picture of it and please send it to Sue Ann Chang at schang@ololjaguars.org

Please do not send the link to your training report. The school cannot access your training bulletin from the link as the link goes directly to your personal username and password screen.



All volunteer applicants are required to be fingerprinted to volunteer at OLOL. The fingerprinting process is repeated every 5 years.

Please follow the procedures below:

1. When is time to be finger printed, log onto the www.fieldprintflorida.com website the schedule your appointment.
2. Click "Schedule An Appointment".
3. Applicants will create a secure username/password and enter the Fieldprint scheduling system.
4. In the Reason why you need to be finger printed screen; the applicant will select the web link: I know my field print code.
5. Input the following access code on the website to gain access to the online scheduling tool.

Please note the access code is case sensitive.

School Volunteer: FPAOMSchooVol

6. The applicant will provide their contact and demographic info. The information requested on the scheduling site is the information required by the FDLE/FBI in order to process the criminal search.
7. From this point forward the website will prompt the applicant for the required information to find a local collection facility and schedule an appointment. Instructions, directions, maps and photos will be provided directly on line.
8. If you have any issue or question they may contact our customer service team at [800 799 1067](tel:8007991067) or at CustomerService@fledprint.com.