



# ARCHDIOCESE OF WASHINGTON

Archdiocesan Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782-3447  
Mailing Address: Post Office Box 29260, Washington, DC 20017-0260  
301-853-4500 TDD 301-853-5300

Office of Child and Youth Protection  
Phone: (301) 853-5328  
Fax: (301) 853-7675  
Email: [childprotection@adw.org](mailto:childprotection@adw.org)

## OUR LADY OF MERCY CHILD PROTECTION VOLUNTEER COMPLIANCE CHECKLIST

- ❑ **REGISTER FOR A VIRTUS ACCOUNT ON [WWW.VIRTUS.ORG](http://WWW.VIRTUS.ORG)**  
During the on-line registration:  
Read and accept the *ADW Code of Conduct* and the *Conduct with Minors*  
*Schedule Protecting God's Children for Adults* (virtual workshop)
- ❑ **COMPLETE VOLUNTEER APPLICATION FORM**  
Obtained through [www.adw.org](http://www.adw.org), school or parish house- bring application to parish house with one form of identification- passport, driver's license or two other: birth certificate, federal/state id, global pass.
- ❑ **ATTEND VIRTUAL WORKSHOP ON CHOSEN DATE**  
Members can sign up for a class through their Virtus account and participate online.  
Only those who are registered in VIRTUS will get an invite to that session by email address.  
An email will be sent with the Zoom instructions, protecting God's Children workbook and an electronic copy of the policy book a day prior to all whom have registered to participate for that training on Virtus.  
If workshop is not completed within 60 days following the assumption of duties, the volunteer is pulled from the activity.
- ❑ **READ THE CHILD PROTECTION POLICY BOOKLET**  
Sign and Return *Acknowledgement Form* (page 59) to Our Lady of Mercy.  
A copy is retained at the parish and/or school and the original is sent to the Office of Child and Youth Protection- Archdiocese of Washington.
- ❑ **FINGERPRINTING**  
Fingerprints can be taken at any police station or any CJIS recommended provider.  
Visit the following link [www.dpscs.state.md.us/publicservs/fingerprint.shtml/](http://www.dpscs.state.md.us/publicservs/fingerprint.shtml/) for local providers.  
Confirm that both state and FBI will be done using our ADW authorization number → 9000016616  
Bring the pre-filled Livescan application and valid forms of government identification.  
Fees are approximately \$40-\$60 -major credits cards and checks are accepted.  
No cash/money orders at MD State sites.

**Fingerprinting results must be recorded on the volunteer/employee Virtus account before assumption of duties.**



Our Lady of Mercy  
#218  
Phone 301-365-1415  
Fax: 301-365-3104  
[www.olom.org](http://www.olom.org)

Pastor: Msgr. Charles Antonicelli  
[frcharles@olom.org](mailto:frcharles@olom.org)

Principal: Doreen Engel  
[dengel@olom.org](mailto:dengel@olom.org)

Child Protection Coordinator:  
Mary Kate Kassman, x124  
[mk@olom.org](mailto:mk@olom.org)



# ARCHDIOCESE OF WASHINGTON

## CHILD PROTECTION AND SAFE ENVIRONMENT

*Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782*

*Mailing Address: P.O. Box 29260, Washington, D.C. 20017*

*Phone: (301) 853-5328 Fax: (301) 853-7675*

*Email: [Childprotection@adw.org](mailto:Childprotection@adw.org)*

## MEMORANDUM

**To: All New Employee/Volunteer**  
**From: Office of Child Protection & Safe Environment**  
**Re: Fingerprint Screening (Final Step)**

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The Archdiocese of Washington utilizes a LiveScan automated Fingerprint Scanner. All fingerprint submissions will be conducted via electronic submission; in order to be employed/volunteer.

Fingerprints can be taken at any police station or any CJIS recommended fingerprinting provider. Visit the following link <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml> for Operated Fingerprinting Centers. Wherever you decide to go, please call to confirm a fingerprint technician is available and both State and FBI will be done using our ADW Authorization Number.

### **For Fast and Accurate Service**

- Bring a valid form of government identification. (Driver's license, Certification of Naturalization, Passport or Military Identification)
- Fill out and bring to fingerprinting center the [Livescan Pre-registration Application](#).
- Fee approximately \$40.00 - \$60.00 is required to submit, and process prints –Major credit cards and checks are accepted. Cash and money orders are not accepted at the State Operated Fingerprinting Centers.
- Provide fingerprint technician with the ADW authorization number: **9000016616** ←

If your part of the Preschool and Before/After Care Program ask to include the authorization, number for the Office of Child Care for the county. Below are the county region authorization number.

1100000016 Region 1 (Anne Arundel Co.)  
1100000020 Region 2 (Baltimore City)  
1100000031 Region 3 (Baltimore Co.)  
1100000042 Region 4 (Prince George's Co.)  
1100000053 Region 5 (Montgomery Co.)  
1100000064 Region 6 (Howard Co.)  
1100000075 Region 7 (Allegany, Garrett,  
Washington Co.)

1100000086 Region 8 (Caroline, Dorchester,  
Kent, Queen Anne's, Talbot Co.)  
1100000090 Region 9 (Somerset, Wicomico,  
Worcester Co.)  
1100000101 Region 10 (Calvert, Charles, St.  
Mary's Co.)  
1100000112 Region 11 (Cecil, Harford Co.)  
1100000123 Region 12 (Frederick Co.)  
1100000182 Region 13 (Carroll Co.)

Any question, please contact Andrea Salazar at (301) 853-5380 or via email at [salazara@adw.org](mailto:salazara@adw.org).



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** (PLEASE TYPE OR PRINT CLEARLY)

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)	
Height: ft.	inches	Weight: lbs.	Eye Color:		Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)		Place of Birth:			
Current address:			Citizenship:		
City:		State:		ZIP Code: -	
Daytime Phone:		Evening Phone:		Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 9000016616	
ORI # (if required): MD004455Y	Reason fingerprinted?
Position Applied for:	
Request Type: (Choose one ONLY)	
<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input checked="" type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:	_____
Address:	_____
City, State, Zip code:	_____

**Local Fingerprinting Centers**

**Rockville City Police**

2 W. Montgomery Ave Rockville  
240-314-8924  
Rockvillemd.gov /fingerprinting

Tues and Thurs 9:30am-11:30am  
Appt only w/pre-form online  
40. Cash/credit  
no personal checks

**American Identity Solutions**

(All American Protective Services)  
6701 Democracy Blvd Suite 110 Bethesda  
301-571-9479  
Marylandfingerprint.com

Walk-ins and appts  
62. cash/ 63.20 credit  
no personal checks

**American Fingerprinting Services**

3 Metro Center Suite 700 Bethesda  
301-961-1998  
Americanfingerprintingservices.vpweb.com

Walk-ins only  
57.25 cash/credit  
no personal checks

**Inquiries Screening @ Authexperts**

9211 Corporate Rd Suite 215 Rockville  
866-721-0746  
301-926-2640 x 100  
authxperts.com/services/fingerprint-  
services/

Appt only w/pre-form online  
58. cash/ 60.32 credit  
no personal checks



## ARCHDIOCESE OF WASHINGTON

### CHILD PROTECTION AND SAFE ENVIRONMENT

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*Phone: (301) 853-5328 Fax: (301) 853-7675*

*Email: Childprotection@adv.org*

### VOLUNTEER APPLICATION

*This form is to be completed, signed and returned to the Child Protection Compliance Coordinator at the parish, school or agency at which you are to provide volunteer services. This application will be retained in a file on site.*

Last Name	First	Middle	Last 4 Digits of SSN	Date
Present Street Address	City	State	Zip	Daytime Phone
				Evening Phone
Permanent Address (If different from present address)				Cell Phone No.
				E-mail Address
Have you ever volunteered for an Archdiocesan location? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 years of age or older?
If yes, give details: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in <u>VOLUNTEERING</u> at <input type="checkbox"/> school: _____; <input type="checkbox"/> parish: _____; <input type="checkbox"/> agency: _____				
Interested in volunteering for <input type="checkbox"/> school activities <input type="checkbox"/> religious education <input type="checkbox"/> youth ministry <input type="checkbox"/> coaching <input type="checkbox"/> other _____				
I am available <input type="checkbox"/> mornings <input type="checkbox"/> afternoon <input type="checkbox"/> evenings <input type="checkbox"/> weekdays <input type="checkbox"/> weekends      Date available: _____				

#### VOLUNTEER ACTIVITIES

Please list all present and former volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this form.

Parish/Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			

#### MINOR'S INFORMATION

Current year: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current Grade: \_\_\_\_\_

# **IMPORTANT – PLEASE READ THIS**

*(You must complete questions I, II, & III.)*

- I. Has a complaint (civil, criminal, or otherwise) ever been filed against you that alleged any inappropriate conduct with minors, sexual misconduct, or child abuse by you (including internal complaints given to management or supervisors at places of employment)?**

Yes    No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

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- II. Has a complaint (civil, criminal, or otherwise) ever been filed against you that alleged your participation in, facilitation of, or failure to report any inappropriate conduct with minors, sexual misconduct, or child abuse by another (including internal complaints given to management or supervisors at place of employment)?**

Yes    No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

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- III. Have you ever chosen not to continue any employment, had your employment terminated, or been subject to any disciplinary action, for reasons relating to allegations of inappropriate conduct with minors, sexual misconduct, or child abuse by you?**

Yes    No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

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**IMPORTANT – The following must be read and signed by all applicants.**

I hereby confirm that the information provided in this application is true, correct, and complete. If accepted as a volunteer, any misstatement or omission of fact on this application may result in my dismissal. I hereby authorize the Archdiocese of Washington to conduct, obtain, and review state and federal criminal background checks based on the personal identification information I have provided herein. I hereby grant the Archdiocese of Washington permission to check my background and references as set forth above. Except in the case of its negligent misuse of the information obtained, I hereby release the Archdiocese of Washington, its officers, directors, agents, employees, or representatives from any and all claims arising from or in connection with my background screening. I understand and acknowledge the Roman Catholic religious nature of the Archdiocese of Washington. I understand and acknowledge that, in accordance with their role as Church volunteers and in witness to the Gospel of Jesus Christ, archdiocesan volunteers must conduct themselves with integrity and act in a manner consistent with the official teachings, doctrines, laws, and policies of the Roman Catholic Church.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be completed by Pastor, Principal or Agency Director only.**

The necessity of passing a state and federal criminal background check for positions involving contact with minors or other vulnerable persons while providing volunteer services has been explained to this applicant. Acceptance of volunteer services is contingent upon the applicant successfully completing the state & federal criminal background check.

\_\_\_\_\_  
Authorized Signature      Date                      Name of Parish, School, Agency                      Location Number      Telephone number

*Signed applications are to be returned to the Child Protection Coordinator at your parish, school or agency.*