



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

OUR LADY OF MERCY CHILD PROTECTION VOLUNTEER COMPLIANCE CHECKLIST

- ❑ **REGISTER FOR A VIRTUS ACCOUNT ON WWW.VIRTUS.ORG** (Washington Archdiocese)
During the on-line registration:
Read and accept the *ADW Code of Conduct and the Conduct with Minors*
Sign up for *Protecting God's Children Online Awareness Session 4.0*
- ❑ **COMPLETE VOLUNTEER APPLICATION FORM**
Obtained through www.adw.org, school or parish house – email or 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 ONLINE CLASS**
Members can sign up for the *Protecting God's Children Online Awareness Session 4.0* (about 120 minutes) through their Virtus account and participate online at a self-chosen time and date. If the class is not completed within 30 days following the assumption of duties, the volunteer may be pulled from the activity.
- ❑ **READ THE CHILD PROTECTION POLICY BOOKLET** (online access)
- ❑ **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/ for local providers.
Confirm that both state and FBI will be done using our ADW authorization number (already on form).
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 Virtus account before assumption of duties.



Our Lady of Mercy
#218
Phone 301-365-1415
www.olom.org

Pastor:
Fr. Mark D. Knestout
frmark@olom.org

Principal:
Christine Green
cgreen@olom.org

Child Protection Coordinator:
Mary Kate Kassman, x124
mk@olom.org

Harlene Stanchfield, x121
hstanchfield@olom.org



ARCHDIOCESE OF WASHINGTON

CHILD PROTECTION AND SAFE ENVIRONMENT

Pastoral Center: 3001 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

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? ☐ Yes ☐ No				Are you 18 years of age or older?		
If yes, give details:				☐ Yes ☐ No		
I am interested in VOLUNTEERING at ☐ school: _____; ☐ parish: _____; ☐ agency: _____						
Interested in volunteering for ☐ school activities ☐ religious education ☐ youth ministry ☐ coaching ☐ other _____						
I am available ☐ mornings ☐ afternoon ☐ evenings ☐ weekdays ☐ 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			

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.)

- 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.)

- 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.)

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



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MEMORANDUM

To: All New Employee/Volunteer

From: Office of Child Protection & Safe Environment

Re: Fingerprint Screening (Final Step)

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.



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:

Date of Birth:

Social Security Number:

Gender:

☐ Male

☐ Female

Height:

ft.

in.

Weight:

lbs.

Eye Color:

Hair Color:

Race/Ethnicity:

☐ Black

☐ White

☐ Asian/Pacific Islander

☐ Native American

☐ Other

Place of Birth:

Citizenship:

Street Address:

City:

State:

Zip Code:

Phone Number:

Driver's License Number:

Email Address:

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- ☐ Gold Seal/Adoption (Enter Authorization Number if applicable) _____
- ☐ Gold Seal/Letter/VISA
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ Attorney/Client (Written Authorization Required)

Mailing Information:

Name:

Street Address:

City:

State:

Zip Code:

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|---|---|
| ☐ Adult Dependent Care | ☐ Government Employment* | ☐ Private Party Petition** |
| ☐ Child Care* | ☐ Government Licensing or Certification* | ☐ Public Housing |
| ☐ Criminal Justice* | ☐ Maryland State Police Licensing* | |

Agency Authorization Number:

*ORI Number:

**Position Applied: