



RESURRECTION CATHOLIC SCHOOL

Thank you for your interest in Volunteering at our school. All Volunteers are required to complete Virtus Training and fingerprinting in order to work with our students. When making a fingerprinting appointment, you will need the following information:

County Code: 08
District Code: 0238
School Code: 20C
Contributor Case Number: CAM304

Please return the completed Disclosure Form and your Certificate of Completion for Virtus Training to Caitlin Crowell in the main office, office@rcscherryhill.com, and call if you have any questions, 856-667-3034.

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: Resurrection Regional Catholic School (Cherry Hill)

Location Number: CAM304

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

Location Safe Environment Coordinator: Caitlin Crowell

Safe Environment Coordinator Phone: 856-667-3034

CRIMINAL HISTORY INSTRUCTIONS FOR NEW APPLICANTS

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>. Click on **"File Authorization and Make Electronic Payment for Criminal History Record Check."**
2. Select the first option: **"New Administration Fee Request (New Applicants Only)"** - This screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
 1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
 2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Students with Disabilities, Charter Schools and Authorized School Bus Contractors
 3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
 4. All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies
3. Complete the requested applicant information to include the county/district/school/contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You **MUST** click the **"Make Payment"** button only one time to complete the transaction.

5. After completing the transaction, you will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. Complete and/or print your IdentoGO NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with MorphoTrust
6. Select the first option **"View and/or print your New Administration Fee Payment Request confirmation page"** and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.
7. Next select the second option **"Complete and/or print your IdentoGO NJ Universal Fingerprint Form"** to complete the IdentoGO NJ Universal Fingerprint Form. Type the missing information into the seven highlighted boxes (*height, weight, maiden name if applicable, place of birth, country of citizenship, hair color, and eye color*). After the form is complete, you must click on the **"Submit"** button at the bottom of the page. When the form has been submitted, you must view and print the IdentoGO NJ Fingerprint Form and present it to MorphoTrust at the time of LiveScan fingerprinting.
8. Access the MorphoTrust web page by selecting the third option **"Click here to schedule your fingerprinting appointment with MorphoTrust"** or call 1-877-503-5981 to schedule a fingerprinting appointment.
9. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing the Criminal History Review Unit website. Please give a copy to your employer.

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:

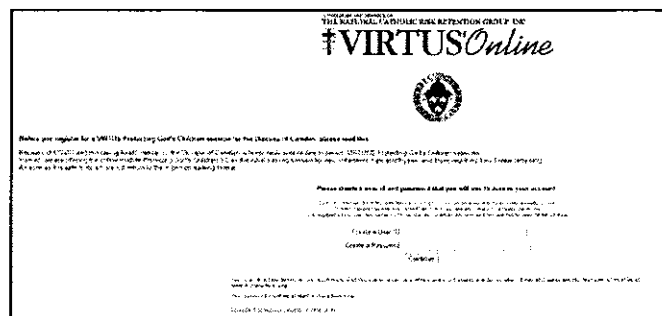
https://www.virtusonline.org/virtus/reg_2.cfm?theme=0&org=37521

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.

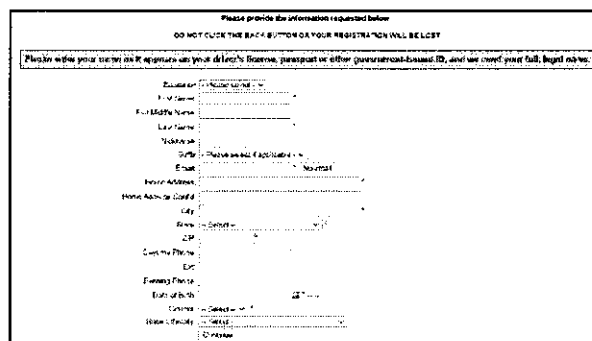
Click **Continue** to proceed.



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.)

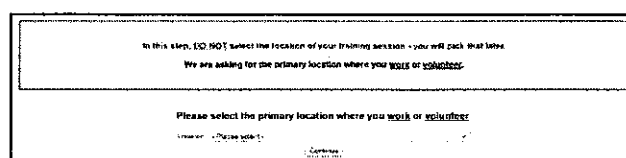
Click **Continue** to proceed.



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).



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 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 parishes, youth ministers, catechists.
- ☐ **Priest**
- ☐ **Deacon**
- ☐ **Candidate for ordination**
All seminarians and candidates for the permanent diaconate.
- ☐ **Educator**
Serving teachers, principals, and administrators in diocesan and parish schools.

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.

<p>Current Training</p>  <p>You have 1 online module assigned. Register for an upcoming session.</p>	<p>Contacts</p>  <p>Your primary contact Click here for contacts</p>	<p>My Info</p>  <p>Your primary location Camden Catholic High School (Camden, NJ) Your primary role Youself</p>
<p>Reporting Abuse</p>  <p>Click here for reporting options</p>	<p>Resources</p>  <p>Diocese Website Child and Youth Protection Victim Assistance</p>	



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.

