

ST. BARTHOLOMEW SCHOOL VOLUNTEER PROCEDURE

The Diocese of Metuchen requires that all adults who volunteer in any way must undergo a background check/fingerprint screening and attend a Virtus “Protecting God’s Children for Adults” training session. This includes coaches, class trip chaperones, as well as anyone who volunteers in school with the children in any capacity. The background check process must be done specifically for the Diocese of Metuchen and St. Bartholomew School.

The following steps must be taken:

1. Complete a Volunteer Application and submit it to the School Office.
2. Register for a Virtus “Protecting God’s Children” training session.

To register for a Virtus training session please go to the following website:

<http://diometuchen.org/offices-and-ministries/vicar-general/child-and-youth-protection/protecting-god-s-children/training-sessions/>

Once you have completed the Virtus “Protecting God’s Children” seminar, please send a copy of your certificate to the School Office.

3. Complete the fingerprint background check process.

For complete instructions for the MorphoTrust fingerprinting process please go to the following website:

<http://diometuchen.org/offices-and-ministries/vicar-general/child-and-youth-protection/fingerprint-process/>

The “MorphoTrust Volunteer Fingerprinting Form” is attached.

Please note that for a St. Bartholomew School Youth Serving Organization Volunteer the contributor’s Case # is MET114.

When fingerprinting is completed, please send a copy of the completed form and the receipt indicating that you have been fingerprinted to the School Office.

4. Please review *The Roman Catholic Diocese of Metuchen Code of Pastoral Conduct* found online at <http://diometuchen.org/offices-and-ministries/vicar-general/child-and-youth-protection/policies-and-forms/>.

Complete and sign the attached Acknowledgment of Receipt and Review and return it to the School Office.

Should you have any questions, please contact the School Secretary.

Updated 1/2017

***The mission of St. Bartholomew School is to love, educate and inspire
our children to live the teachings of Jesus Christ.***



Diocese of Metuchen, New Jersey Volunteer Application

Diocese/Parish/School/Facility: _____

Town/City: _____

Name _____ Date of Birth: _____

Maiden Name: _____

Street address: _____ City: _____ State: _____ Zip: _____

How long at current address: _____

Phone: Home (____) _____ Work (____) _____

E-mail: _____

Name of Volunteer Service Position: _____

What Parish do you belong to? Name _____ Town _____ For how long? _____

Current employer _____ Address _____

Check here _____ if you have had a criminal records check with one of the Diocese of Metuchen Catholic Schools and/or Parishes. Enter date of last record check: _____

Have you ever been convicted of a felony or misdemeanor? Yes / No. If yes, explain _____

NOTICE: If you are applying for a position where you will have direct contact with a child or children under the age of 18 years in more than one instance; or where you will engage in an overnight activity with a child or children under the age of 18, even in one instance; or where you will have contact with adults who are senior citizens or who have physical or mental limitations, you shall be subject to a criminal history background investigation before your volunteer services begin.

**Volunteer Applicant Consent Form for a
Criminal History Background Investigation**

Please review the following information carefully and sign below where indicated.

I, [_____] certify and declare under penalty of perjury under State and Federal
name of volunteer applicant
law that the information contained in my Volunteer Application submitted to the Diocese of Metuchen (the “**DIOCESE**”) is complete, true and accurate. I understand that falsification or omission of any requested information may result in immediate termination of my volunteer position or activities.

I understand that as part of my volunteer application process and as part of my volunteer activities, a criminal background investigation may be performed on me. In consideration of the **DIOCESE**’s review of my application to volunteer and/or my continuing volunteer activities, I now consent to and allow the **DIOCESE**, or its authorized agents bearing this release or copy of this release, to perform a criminal and personal background investigation on me. I also authorize them to contact any past church, youth organizations, agencies where volunteer service have been completed, and any individual or organization which might be relevant to my desired volunteer position. Such individuals and organizations are authorized to release such information as may be requested by Diocesan/Parish personnel.

I authorize all persons and organizations, including law enforcement agencies and Courts that may have information concerning this background investigation, to disclose such information to the **DIOCESE** or its authorized agents. I hereby release the **DIOCESE**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this investigation. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that the Diocese of Metuchen and Parish have a “ZERO TOLERANCE FOR ABUSE” policy and that they take all allegations of abuse seriously. I further understand that they will cooperate fully with the authorities to investigate all claims of abuse. A claim of abuse of any child or any vulnerable adult, including any person who is elderly or has physical or mental limitations, are grounds for immediate termination of my service.

I further attest that I will read and abide by the Diocesan, Pastoral Code of Conduct when working with minor children and vulnerable adults.

Signature of Volunteer

Date

Printed Name



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB	(3) Statute Number 15A:3A-1		
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER			(5) Document Type VB1	(6) Payment Information \$21.41	
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip
Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is required that you present this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.66) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.66) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_V2

CODE OF PASTORAL CONDUCT

ACKNOWLEDGMENT OF RECEIPT AND REVIEW

I have received and reviewed *The Roman Catholic Diocese of Metuchen Code of Pastoral Conduct*. By means of my signature, I express my understanding and acceptance of its terms. I also understand that this form will be maintained in my secure personnel file.

Printed Name _____

Signature _____

Date _____