

Safe Environment Documents

Adults 18 & Older

Please complete the following documents in order to volunteer / participate in ministry at St. Thomas More Church & School:

1. Authorization to Conduct Background Check.
See attached document.
2. Illinois Department of Children & Family Services Acknowledgement of Mandated Reporter Status (DCFS).
See attached document.
3. Protecting God's Children Training (PGC) - Certificate of Completion. Print certificate. <http://www.virtusonline.org>
If you have already completed PGC, please submit a copy of your certificate. If you need a copy of your certificate, e-mail sknuth@rockforddiocese.org
4. Catholic Diocese of Rockford's Code of Pastoral Conduct.
Sign acknowledgement receipt and read document online.
http://www.rockforddiocese.org/pdfs/safe-environment-program/pastoral_conduct_en.pdf
5. Catholic Diocese of Rockford's Sexual Misconduct Norms.
Sign acknowledgement receipt and read document online.
<http://www.rockforddiocese.org/pdfs/safe-environment-program/2016-Sexual-Misconduct-Norms.pdf>
6. Catholic Diocese of Rockford's Guidelines for Youth and Those Working with Youth.
Sign acknowledgement receipt and read document online.
<http://www.rockforddiocese.org/pdfs/safe-environment-program/Guidelines-Youth-Sept-2017.pdf>
7. Catholic Diocese of Rockford's Code for the Pastoral Use of Technology and Social Media.
Sign acknowledgement receipt and read document online.
http://www.rockforddiocese.org/pdfs/safe-environment-program/Diocesan_Code_with_Signature.pdf
Use password: **dmalloy!**

Authorization to Conduct Background Check Catholic Diocese of Rockford

Criminal History Information Response Process (CHIRP)

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION AND TO DISCLOSE
CRIMINAL BACKGROUND INFORMATION

I hereby give my consent to the Illinois State Police to conduct a criminal background check on me from all states in which I have resided or worked and authorize the Illinois State Police representatives to disclose to _____ (name of Diocesan entity) the information obtained through such investigations.

I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

Please Print

Last Name: _____

First Name: _____

Middle Initial: _____

Other Names Used by Me: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ (ex: MM/DD/YYYY)

Gender: (circle) Male Female

Race: _____
(American Indian or Alaskan Native, Asian or Pacific Islander, Black, White or Unknown)

Applicant Signature: _____

Date: _____



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ understand that when I am volunteering as a

_____, I will become a mandated reporter under the
(Type of volunteer duties)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my volunteer capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Volunteer

Date

CANTS 22
Rev. 8/2013

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

Protecting God's Children
Print Certificate Upon Completion
Registration Instructions

Select the role(s) that you serve within your organization. Please check **all** roles that apply.

Additionally, please enter your title in the box provided (which best describes your role with the Diocese -- ie. Catechist, Coach, DRE, Eucharistic Minister, Math Teacher, Room Mom, Seminarian, etc).

Click **Continue** to proceed.

Answer three YES/NO questions.
Click **Continue** to proceed.

If you have already attended a Protecting God's Children Session, choose **YES**.
Otherwise choose **NO**.

If you chose **NO** during the previous step, you will be presented with a list of upcoming sessions scheduled within the Diocese of Rockford. When you find the "live" session you would like to attend, click the circle next to the title for that date.

If you wish to complete the **online** version of the training (*rather than attend a live session*), click the circle next to the title for the **Online Training** (found at the bottom of the session listing).

(If you chose YES during the previous step, skip this step.)

If you chose **YES**, you will be presented with a list of all sessions that have been held within your organization. Choose the session you attended by clicking the downward arrow and highlighting the session, and then click **Complete Registration**.

A message will appear on your screen confirming completion of the registration process. If you correctly entered your email address during the process, you will receive an email confirming your registration.

If you registered to attend a "live" upcoming session at local parish or school, click on **Close Browser** to leave the website.

If you selected **Online Training**, click on **Go to VIRTUS Online** to access the training.

At the VIRTUS Home Page, enter the User ID & Password created during registration, click **Login**.

Click on the **green circle** to begin the **Online Training**.

Upon completion, the last screen will direct you to exit the training by closing the screen. The next screen reflects completion of the **Online Training** and allows you to print a certificate of completion (for your personal records, as well as for your parish and school).

To print a certificate, click on the link labeled **print certificate**.
On the next screen, click on **Open**. When certificate appears on the screen, click on the print icon. From the next screen, click on **OK**.
Once printing is complete, close the Adobe Acrobat screen to return to your VIRTUS Online account.

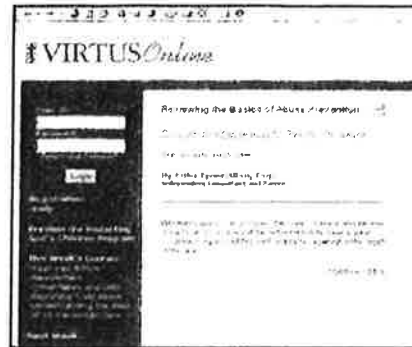
If you have additional questions about VIRTUS Online training, please contact the VIRTUS Help Desk at 1-888-847-8870 or your Diocesan VIRTUS Coordinator.

Registration Instructions

Before your first Protecting God's Children session, you will need to register with VIRTUS Online. This is required of all participants.

Go to <http://www.virtusonline.org>

On the left-hand side of the page, click the yellow link labeled **Registration**.



Choose the name of your organization (**Rockford (IL), Diocese**) from the pull-down menu by clicking the downward arrow and highlighting your organization.

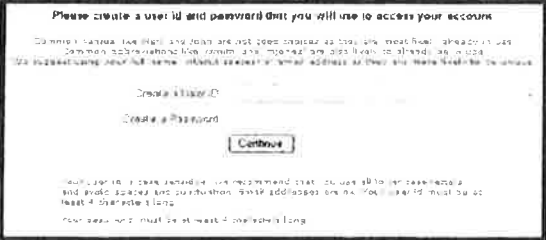
Once your organization is selected, click **Select**.

Please select your Archdiocese/Diocese/Religious Organization from the list below:

Select your organization [dropdown menu] [Select]

Create a user ID and a password you can easily remember. This is necessary for all participants. This establishes your account within your Diocese and the VIRTUS program. If your preferred user ID is already taken, please choose another ID. We suggest the use of email addresses as user names.

Click **Continue** to proceed.



Provide the information requested on the following page. Several fields are required, such as name, address, phone number and e-mail address. Click **Continue** to proceed.

- If you do not have an email address, consider obtaining a free email account at mail.yahoo.com, or any other free service. This is necessary for your VIRTUS Coordinator to communicate with you. If you cannot obtain an email address, enter: noaddress@virtus.org. This will signify to your VIRTUS Coordinator that you do not have an email address.

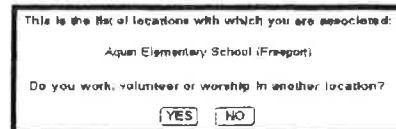


Select the PRIMARY location where you work, volunteer or worship. You will be able to select additional locations later if you serve at multiple locations within your organization.

Click **Continue** to proceed.



Your current list of locations is displayed. If you need to add an additional location, choose **YES**. Otherwise, choose **NO**.



Revised: 2013

CATHOLIC DIOCESE OF ROCKFORD
VOLUNTEER ACKNOWLEDGEMENT

I, _____, in my capacity as a volunteer, acknowledge that I have received the Catholic Diocese of Rockford Code of Pastoral Conduct for Priests, Deacons, Pastoral Ministers, Employees, and Volunteers of the Catholic Diocese of Rockford, and agree that I have read and will abide by the provisions of this Code of Pastoral Conduct as a volunteer of the Diocese.

Volunteer's Printed Name

Volunteer's Signature

Date

St. Thomas More
Parish/Entity

Elgin
City

**NORMS FOR PROHIBITION OF SEXUAL ABUSE AND MISCONDUCT
VOLUNTEER RECEIPT ACKNOWLEDGMENT**

I, _____, acknowledge that I have received the
(Name of Volunteer)

Diocese of Rockford's Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults of the Diocese of Rockford. I agree that I will read and abide by the provisions of these norms as a volunteer of the Diocese.

Also, I acknowledge that the Norms for the Prohibition of Sexual Abuse of Minors and Sexual Misconduct with Adults that I have received this date replace all prior policies or regulations that I may have received from the Diocese. I agree that those former policies or regulations are no longer in force of effect.

Signature Date: _____

Volunteer Name: _____

Institution: _____

City: _____

WITNESS

FOR OFFICE USE:

Parish/School/Diocesan facility to send this signed form by email to sarndt@rockforddiocese.org or by fax to 815-399-5266 Attention S. Arndt

**GUIDELINES FOR YOUTH AND THOSE WORKING WITH YOUTH
RECEIPT ACKNOWLEDGMENT**

I, _____, acknowledge that I have received
the

(Name)

Diocese of Rockford's Guidelines for Youth and Those Working with Youth. I agree that
I have read and will abide by these Guidelines when working with Youth.

Signature: _____ Date: _____

Printed Name: _____

Parish/School/Diocesan Entity:

City: _____

Witness: _____

Return this form to the Parish/School/Diocesan entity you identified on this form.

**CODE FOR THE PASTORAL USE OF TECHNOLOGY AND SOCIAL MEDIA
RECEIPT ACKNOWLEDGMENT**

I, _____, acknowledge that I have received the
(Name)
Diocese of Rockford's Code for the Pastoral Use of Technology and Social Media. I agree that I
have read and will abide by this Code.

Signature: _____ Date: _____

Printed Name: _____

Parish/School/Diocesan Entity: _____

City: _____

Witness: _____

Return this form to the Parish/School/Diocesan entity you identified on this form.