

OUR LADY OF FATIMA PARISH
376 MAPLE PLACE
KEYPORT, NJ 07735

ST. JOSEPH CHURCH, KEYPORT NJ
Volunteer Form

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Marital Status: Single Married Separated Divorced Widowed

Present Volunteer Service/Position: _____

Please list the name and location of the parishes in which you have been registered over the past 10 years. _____

Have you received a Criminal History Background check for the Diocese of Trenton in the past four years? Yes _____ No _____

Virtus – Protecting God’s Children - Attendance at a Virtus seminar is mandatory for all Employees and Volunteers in the Diocese. A certificate of attendance must be presented to the parish where you volunteer. It need only be taken once.

Have you attended either a Diocesan Virtus seminar any time since 2004, or a Virtus seminar in another Diocese since 2004? Yes _____ No _____

Has any parish, school, facility, organization, or faith community terminated your volunteer service? Yes / No _____ If yes, please explain.

I affirm that the information this Volunteer Application is true and complete, and any falsification or omission in this Application may result in termination of my volunteer privileges and/or services. My signature below indicates that I have read and understand all of the above.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

VIRTUS TRAINING COMPLETE: _____

FINGERPRINTING DATE: _____

PCN # _____

CODE OF CONDUCT COMPLETE: _____

OVER

Please list two references:

1) *Name:* _____

Address: _____

Phone: _____

Relationship to Volunteer: _____

2) *Name:* _____

Address: _____

Phone: _____

Relationship to Volunteer: _____



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ920810Z		(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) TRE 100			(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 Our Lady of Fatima Parish 376 Maple Place City Keyport State NJ Zip 07735			
Identification Requirement - Acceptable identification must be presented at the time of printing. 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:

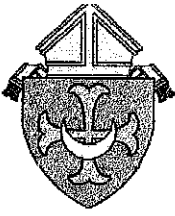
Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

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



Diocese of Trenton Volunteer/Employee Code of Conduct

Our children are the most important gifts God has entrusted to us. As a volunteer/employee, I promise to strictly follow the rules and guidelines of this Code of Conduct as a condition of my providing service to the children and youth of *our [please input the ministry/area and parish for which this applies to.]*

As a volunteer/employee during the course of my ministry or employment, I will:

- Treat everyone including vulnerable adults (those who habitually lack the use of reason) with respect, loyalty, patience, integrity, courtesy, dignity, and consideration and will conduct myself and live a lifestyle which is in conformance with Catholic teachings.
- Avoid situations, when possible, where I am alone with children and/or youth at Church activities.
- Use positive reinforcement when working with children and/or youth.
- Refuse to personally accept expensive gifts from children and/or youth or their parents.
- Refrain from giving expensive gifts to children and/or youth.
- Refrain from viewing or distributing child pornography.
- Report suspected abuse to the Child Protection Service agency and inform the pastor, administrator, or appropriate supervisor. I understand that failure to report suspected abuse to civil authorities is, according to the law, a disorderly person offense.
- Cooperate fully in any investigation of abuse of children and/or youth.

As a volunteer/employee during the course of my ministry or employment, I will not:

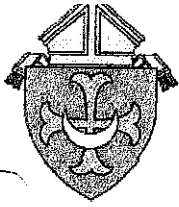
- Smoke or use tobacco products in the presence of children and/or youth while performing assigned duties.
- Use, possess, or be under the influence of alcohol at any time in the presence of children and/or youth while performing assigned duties.
- Use, possess, or be under the influence of illegal drugs at any time in the presence of children and/or youth.
- Distribute pornography to children or youth.
- Attend ministry or employment obligations that would pose a serious health risk to children and/or youth (i.e., fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner. I will ensure that all physical contact is P.A.N. (public, appropriate & non-sexual)
- Use any discipline that frightens or humiliates children and/or youth. Discipline issues will be referred to the administrator or principal
- Use profanity in the presence of children and/or youth especially while performing assigned duties.

I understand that as a volunteer or employee working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer or employee with children and/or youth.

Volunteer/Employee Printed Name

Volunteer/Employee Signature

Date



Diocese of Trenton Código de Conducta

Nuestros niños son los dones más importantes que Dios nos ha confiado. Como voluntario / empleado, prometo seguir estrictamente las reglas y directrices de este Código de Conducta, como condición de mi prestación del servicio a los niños y jóvenes de nuestra [parroquia, escuela, diócesis instalaciones, etc.]

Como voluntario / empleado, yo voy a:

- Tratar a todos incluyendo a los adultos vulnerables con respeto, lealtad, paciencia, integridad, cortesía, dignidad y consideración y comportarme y vivir un estilo de vida que está en conformidad con las enseñanzas Católicas.
- Evitar las situaciones donde estoy a solas con niños o jóvenes en actividades de la Iglesia
- Utilizar el apoyo positivo en vez de crítica, la competencia, o comparación cuando se trabaja con niños o jóvenes.
- No aceptar regalos caros de los niños o jóvenes o de sus padres, sin la aprobación previa por escrito del pastor o administrador.
- No darle regalos costosos a niños o jóvenes sin la aprobación previa por escrito de los padres o tutores y el pastor o administrador.
- Absténgase de ver o distribuir pornografía infantil.
- Reportar cualquier sospecha de abuso al pastor, administrador o supervisor apropiado y la agencia local de servicios de protección del niño. Entiendo que el no reportar sospechas de abuso a las autoridades civiles es, según la ley, un delito menor.
- Cooperar plenamente en cualquier investigación de abuso de niños o jóvenes.

Como voluntario, yo no lo haré:

- No se permite fumar o usar productos de tabaco en presencia de niños o jóvenes.
- Usar, poseer, o estar bajo la influencia del alcohol en ningún momento en la presencia de los niños o jóvenes.
- Usar, poseer, o estar bajo la influencia de drogas ilegales en ningún momento en la presencia de los niños o jóvenes.
- Distribuir la pornografía a los niños o jóvenes.
- Plantear cualquier riesgo de salud para los niños o jóvenes (es decir, fiebre u otras situaciones contagiosas).
- Darle golpe, naigadas, sacudir, abofetear a los niños o jóvenes.
- Humillar, ridiculizar, amenazar, degradar a los niños o jóvenes.
- Tocar un niño o joven de una manera sexual o inapropiada.
- Usar cualquier disciplina que asuste o humille a los niños o jóvenes.
- Usar lenguaje profano en presencia de niños o jóvenes.

Entiendo que como voluntario o empleado que trabaja con niños o jóvenes estoy sujeto a una verificación de antecedentes a fondo incluyendo la historia criminal. Entiendo que cualquier acción inconsistente con este Código de Conducta o falta de acción dispuesta por este Código de Conducta puede resultar en mi despido como voluntario o empleado con niños o jóvenes.

Nombre Impreso del Voluntario / Empleado

Firma del Voluntarios / Empleado

Fecha

Appendix D Catechist/Youth Ministry Volunteer Application

OUR LADY OF FATIMA PARISH
376 MAPLE PLACE
KEYPORT, NJ 07735



Diocese of Trenton Catechist/Youth Ministry Volunteer Application

Please print or type all information below. Thank you.

Name: _____
Last First Middle

Address: _____
Street Town State Zip

Phone: () _____ Work Phone: () _____

Preferred Email: _____

Parish: _____
Name

Parish Address: _____
Street Town State Zip

Educational Background

- High School Graduate / GED
- College / University: _____
Major: _____ Minor: _____
- Catechist Certification: _____
Parish: _____ Town: _____ Year: _____
- Diocesan Certificate Program: _____
Concentration: _____ Year: _____
- Other: _____

Catechetical/Ministry Background – Please Explain

Grade Preferred – Check All That Apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> Fourth Grade | <input type="checkbox"/> Catechist Aide |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Fifth Grade | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> First Grade | <input type="checkbox"/> Sixth Grade | <input type="checkbox"/> Middle School Youth Ministry |
| <input type="checkbox"/> Second Grade | <input type="checkbox"/> Seventh Grade | <input type="checkbox"/> High School Youth Ministry |
| <input type="checkbox"/> Third Grade | <input type="checkbox"/> Eighth Grade | |

References

Parish Pastor: _____ Phone: (____) _____
Full Name

Address: _____
Street Town State Zip

Professional: _____ Phone: (____) _____
Full Name

Address: _____
Street Town State Zip

Personal: _____ Phone: (____) _____
Full Name

Address: _____
Street Town State Zip

Parish Affiliations – Past Five Years

Parish: _____ Phone: (____) _____
Name

Address: _____
Street Town State Zip

Years Affiliated: _____

Parish: _____ Phone: (____) _____
Name

Address: _____
Street Town State Zip

Years Affiliated: _____

Parish: _____ Phone: (____) _____
Name

Address: _____
Street Town State Zip

Years Affiliated: _____

Catechist: I certify that the information contained in this application is true and complete to the best of my knowledge. I am committed to catechist formation sessions, sharing the faith with children and youth in the parish and seeking diocesan certification through the parish.

Catechist Applicant's Signature

Date

Youth Ministry Volunteer: I certify that the information contained in this application is true and complete to the best of my knowledge. I am committed to ongoing faith formation, youth ministry volunteer development, and sharing the faith with youth in the parish.

Youth Ministry Volunteer Applicant's Signature

Date

Please consult the parish Safe Environment Coordinator to fulfill Child Protection requirements.