

Saint Joseph Parish Mountain View - Faith Formation K-8th

582 Hope Street • Mountain View CA 94041 • (650) 691-1525 • eunderwood@dsj.org

Volunteer Information Packet

August 2018

Dear Volunteer,

Thank you for choosing our parish to volunteer. Volunteers are important and awesome! Our volunteers gaining new experiences and insights create connections that last a lifetime, gain a sense of accomplishment, strengths their faith and community and a whole lot more. A Big Thank you in Advance to You Volunteer!

In order to insure the protection of children and youth, catechists and other volunteers must be carefully screened, selected and supervised. All volunteers

- Must be fingerprinted. (18 year and over)
- Must complete a Safe Environment training on-line or live.
- Must also Read and complete all Diocesan forms including:
 - Volunteer Activities Waiver
 - Catechist / Aide Application form
 - Declaration of reasonability and policy acknowledgement
- Are expected to follow the Code of Conduct in the Diocesan Policy on Sexual Misconduct.

FORMS AND RESOURCES

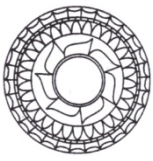
202 DIOCESAN VOLUNTEER FINGERPRINTING POLICY

In compliance with the *Charter for the Protection of Children and Young People* promulgated by the United States Conference of Catholic Bishops on June 14, 2002, the Diocese of San Jose requires that all volunteers of parishes, schools or diocesan agencies or institutions who have supervisory or disciplinary oversight over children or vulnerable adults submit their fingerprints for a criminal record check as a condition of working in volunteer status.

All volunteers currently working in the above category must be fingerprinted as soon as practically possible. **No person in the above category may begin his or her volunteer services with children or vulnerable adults** until fingerprint clearance has been returned by the Department of Justice.

The Department of Justice furnishes a clearance or criminal record summary to the Personnel Office of the Diocese. Should the summary contain information regarding a criminal record, the pastor, principal or agency/institution director will be informed of the summary by the Director or Associate of Personnel, and then the summary will be destroyed. Candidates should not be discriminated against solely on a prior record. Type of offense, age at the time of the offense, and the candidate's honesty on the volunteer application should all be taken into consideration and the Director or Associate of Personnel consulted before the pastor, principal or director reaches a final decision regarding the commission of a volunteer candidate or the termination of a current volunteer.

To learn more go www.dsj.org/education/catechetical-ministry or down load [volunteer Background Checks Brochure](#) at our Parish website under ministries policies and guidelines.



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LIVESCAN Finger printing available at Verify Group Inc.



is a mobile Live Scan Fingerprinting Service

Instructions: What to Do:

- 1) Schedule an appointment online www.verifygroup.com or by calling our office (408-761-2156), OR come to our location during walk-in hours.
 - a) Appointments Available Monday-Friday 9:00am-5:00pm Schedule online.
 - b) Walk-Ins Tuesday-Friday 1pm-4pm
 - c) 262 E. Hamilton Ave. Campbell CA 95008
- 2) Bring the items listed below to our location.
- 3) See contact page for information on checking your fingerprint transmission status.

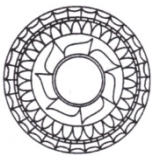
What to Bring

- Three (3) completed copies of the "Request for Live Scan Service" form. This is provided by your employer or requesting agency. **Please have all forms filled out (applicant information sections) prior to your appointment.**

We do have "blank" live scan forms for your convenience, the applicant will need to provide the ORI / and or billing information provided by your requesting agency.

The three copies are distributed as follows:

1. Each volunteer will be provided a copy of the form after they have been printed.
 2. Verify Group will provide the second copy of the form to the parish.
 3. Verify Group maintains a copy in our files for one year, per DOJ/FBI instruction.
- Valid photo identification. **Expired or photocopied identification will not be accepted.** Acceptable forms of identification are:
 - Driver's License
 - State Identification Card
 - Military I.D. Card
 - Green Card
 - Alien Registration Card
 - Passport
 - A second I.D. of any type is recommended.
 - Payment – of \$20.00, St. Joseph MV pays the remaining balance.
 - Retain a copy of the live scan service request form as I need a copy for our programs files.



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203 DIOCESAN POLICY ON SEXUAL CONDUCT/STANDARDS OF CONDUCT

The Diocesan Policy on Sexual Misconduct is available in English and Spanish on the diocesan website, www.dsj.org. All volunteers should receive a copy of this policy and complete a Declaration of Responsibility and Policy Acknowledgment. The declarations of Responsibility are to be returned to the diocese of San Jose, Office of the Protection of Children and Vulnerable Adults.

Follow the link for, “Respecting the Boundaries: Sexual Abuse of Minors”, Another brochure: “Respecting the Boundaries: Keeping the Ministerial Relationships Healthy and Holy” can be found on the website in English, Spanish and Vietnamese.

204 DIOCESAN SEXUAL CONDUCT---STANDARDS OF CONDUCT WORKSHOPS

All new volunteers must attend a Diocesan Sexual Conduct Workshop. Workshops are given in English and Spanish in a variety of locations during the year. To obtain the dates, times, languages and locations visit the diocesan website.

dsj.org/ministries/protecting-gods-children

Renewal is offered online at www.shieldthevulnerable.org

205 DIOCESAN ONLINE SAFE ENVIROMENT TRAINING

A PROGRAM AND SERVICE OF
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.



All volunteers must take the diocesan online safe environment training every three years by logging onto virtusonline.org and participating in the training in the comfort of their home. Once they register they have up to thirty days to complete their training. **Upon completion they will be able to print out their certificate of completion.** This certificate as well as the fingerprint clearance is necessary if they plan to minister to children and youth. For additional information please contact the Office for the Protection of Children and Vulnerable Adults at 408-983-0147

Teen Volunteers (Ages 14 – 18)

Youth between the ages of 14 up to their 18 birthday, must complete the VIRTUS® *Healthy Relationships for Teens* online training course for employment of volunteer service eligibility and must renew the training every 2 years to maintain eligibility up to 18 years of age. Once the teen reaches 18 years of age, they are required to take the adult training programs in order to continue their service.

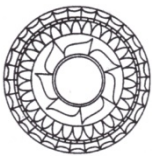
Teen Training Course: [Healthy Relationships for Teens \(LINK\)](#)

– First-Time User Registration: [Registration Link](#)

– Healthy Relationships for Teens Registration Instructions: [Instructions](#)

[Griselda Cervantez, MSW](#)

Victim Assistance Coordinator & Prevention Advocate Direct Phone: (408) 983-0225



Diocese of San Jose

DECLARATION OF RESPONSIBILITY AND POLICY ACKNOWLEDGEMENT

I, _____, the undersigned Declarant, under penalty of perjury, do declare as follows:
 (Print Name)

1. That I have no record or prior accusation or conviction for sex, violent or felonious drug crimes.
2. That if there were any allegation of commission of a crime of whatever gravity, I would disclose same before executing this Declaration, listing the specific instances, the time lapsed since the occurrence, evidence of rehabilitation or any other pertinent information.
3. The acceptance of declarant to any Diocesan-sponsored program of whatsoever type or character is contingent upon the documented absence of any criminal or other record related to sex, violent, or felonious drug crimes.
4. To the extent that there is any background relevant to sex, violent, or felonious drug crimes, declarant has sworn under penalty of perjury that he/she will provide such information immediately to the Diocese of San Jose to allow the Diocese to make an independent determination that declarant is fully able and likely to function in a fashion consistent with the ideas, missions and objectives it has established as an arm of the Roman Catholic Church.
5. This will acknowledge that declarant has received prior to executing hereof a copy of the Diocesan Policy on Sexual Misconduct (revised June 28, 2003) and that declarant has read the policy, understood its meaning and agrees to conduct himself/herself in accordance with the policy. Declarant also understands that this acknowledgement will be kept in his/her personnel file or such other files that may be deemed appropriate within the Diocese and that this acknowledgement may be disclosed to third parties.
6. Declarant acknowledges that, in accordance with the policy, he/she will participate in a Sexual Conduct/Standards of Conduct Workshops offered by the diocese of San Jose and that, also in accordance with the policy, he/she will participate in additional training as required in the future.
7. In addition to reviewing any Diocesan questionnaire in connection with Diocesan child abuse and sexual misconduct and reporting requirements in connection therewith and this Declaration of Responsibility and Policy Acknowledgement, declarant will sign such other declarations as may be provided from time to time from the Diocese in connection with the service to the diocese by declarant.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that if called to testify I would so state and completely testify thereto.

Executed on this date _____ 200__ at (city) Mountain View, (state) California.

Declarant signature _____

Employee ___ Volunteer ___ Parish, School or Agency: SJPMV– English Faith Formation –see contacts above page.

Teacher _____ Religious Education _____ Youth Minister _____ Parent _____

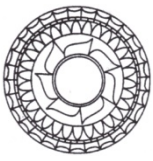
Please read, sign, and return:

Diocese of San Jose

Office for the Protection of Children and Vulnerable adults

1150 N. First St., suite 100

San Jose, CA 95112-4966

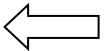


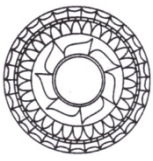
Diocese of San Jose _____ RISK & INSURANCE MANAGEMENT

Volunteer Activity Waiver Form _____ General Liability

One form per volunteer, please print clearly.

Parish/School Information	
Location Name: Saint Joseph Parish Mountain View or School.	Location #:
Location Address: Church, 582 Hope Street, Mtn.View CA 94041 or School, 1120 Miramonte Ave. Mtn.View CA 94040	Telephone: Church (650) 967-3831 or Faith Formation Office (650) 961-1525
Contact Name: Erika Underwood – Director of English Faith Formation K-8 th	Facsimile: none
<small>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND COPY FILE. WHEN A STUDENT PARTICIPATES IN AN ACTIVITY SPONSORED BY THE SCHOOL OR PARISH. REFER ANY QUESTIONS TO RISK & INSURANCE MANAGEMENT TELEPHONE: 408-983-0250 / FACSIMILE: 408-983-0271.</small>	
Volunteer Personal Information	
Volunteer Name:	Telephone:
Home Address:	
Supervisor Name: Any SJMV Employee	Telephone: see above
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Activity Information	
Date of Activity: August 20__ to July 20__	Name of Activity: Any St. Joseph Mountain View Faith Formation Program or Parish
Description of Activity: Any Saint Joseph Mountain View Faith Formation Program or Parish Activities.	
Waiver Authorization	
<small>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER. I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE. I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT. IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</small>	
Volunteer Signature:	Date Signed:
Internal Use Only	
Waiver Received By:	Date Received:





Diocese of San Jose

Catechist / Aide Application Form

PERSONAL INFORMATION

NAME Last First M.I.

ADDRESS Street City State Zip

PHONE Work Home Other

E-MAIL SJPMV.ORG as stated above
 Parish Name
 From (Year) _____ To (Year) _____

PRESENT OCCUPATION

Ministry position(s) preferred: _____ Age-level preferred _____

Days and times available for volunteering _____

EDUCATION AND PROFESSIONAL TRAINING

___ High School Last Grade Completed: _____

___ College Degree _____ Last Grade Completed: _____ Major: _____

___ Graduate Degree _____ Major _____

___ ILM Date Completed _____ Third Year _____

___ Other _____

___ Catechist Certificate Year _____ Diocese _____

___ Master Catechist Certificate Year _____ Diocese _____

Previous teaching experience: _____

What language/s do you speak? _____ Read? _____ Write? _____

1. WORK OR VOLUNTEER EXPERIENCE (Please list the most recent first)

Title of Position _____ From _____ To _____

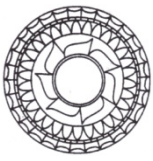
Employer/Organization _____ Phone _____

Description of Responsibilities _____

Name of Supervisor _____ Phone _____

Address _____

Street City State Zip



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2. WORK OR VOLUNTEER EXPERIENCE (Please list the most recent first)

Title of Position _____ From _____ To _____

Employer/Organization _____ Phone _____

Description of Responsibilities _____

Name of Supervisor _____ Phone _____

Address _____
Street City State Zip

REFERENCE

Please give the name of a character reference, not a relative.

Name _____ Phone _____

Address _____
Street City State Zip

Please circle the answer to the questions below.

1. Have you ever been convicted by any court of an offense? If yes, please explain the circumstances including dates, places and disposition of any legal proceedings against you on an attached sheet. Please **do not include**:
 - a. Minor traffic violations
 - b. Any offense committed prior to your 18th birthday which was finally adjudicated **in a juvenile court or under a youth offender law**.
 - c. Any incident sealed under Welfare and Institutions Code §781 YES NO
2. Are you currently using or addicted to any prohibited substances including but not limited to marijuana, cocaine, speed, amphetamines or LSD? YES NO
3. Have you ever abused or been accused of having abused a child, sexually or otherwise? YES NO
If yes, please explain the nature of the accusations on attached sheet.
Include dates and the disposition of any legal proceedings against you.
4. Have you ever, for any reason been suspended, dismissed or asked to resign a paid or volunteer position? Please explain the circumstance in attached sheet. YES NO

CERTIFICATION

I hereby certify that the information presented in this application form and on the attached documentation is true and complete. I understand that any misrepresentations or omissions shall be sufficient cause for disqualification or, if already volunteering, dismissal.

I authorize investigation of any statements and supporting documents contained in this application. I authorize the parish to secure information about my work or volunteer experience from the references I have provided and release all parties who provide information from any liability. I specifically authorize investigation into my criminal record, if any.

I understand that persons who work as catechists and aides must be fingerprinted before being assigned to a class and that they must also attend a Sexual Misconduct Workshop.

SIGNATURE DATE

DCM Initials: _____ Date: _____

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