

Date Received

Placement

Volunteer Intent Form 2026-2027

Please complete and return this form to the office of Faith Formation as soon as possible.

E-mail to: religiondirector@stmarkparish.org

Name _____ Desired Partner _____

I am returning.

I am unable to return.

Desired Grade Level _____

Cell # _____ TEENS ONLY: Teen Cell _____ Teen Parent Cell _____

Address _____ City _____ Zip Code _____

E-Mail _____ Occupation _____
(We use email as our primary communication)

Teen Volunteers ONLY:

Teen Email: _____ Teen Parent Email _____

School Attending: _____ Grade Level: _____

Under 18 Years of Age _____ (age)

Over 18 Years of Age

If applicable:

Children attending our program:

Name: _____

Grade: _____

Grade: _____

Name: _____

Desired Session:

_____ Wednesday 6:00 - 7:30PM

_____ Thursday 4:00 - 5:15PM

(1st grade to 6th grade until 7:15pm, 7th grade to High School until 7:30pm)

Desired Position: **Please see position descriptions on reverse side.**

_____ Catechist

_____ Co-Catechist

_____ Safety Team

_____ Permanent Substitute

_____ Hospitality Team

_____ Substitute Catechist

**All volunteers are required to be fingerprinted and participate in the Virtus program under direction of the Archdiocese of Miami. All volunteers will be trained in safety procedures, i.e. emergency and fire drills, inclement weather, etc.

Catechist- I understand my responsibilities include planning and presenting lessons, attending workshops and scheduled grade level meetings. I understand there are additional responsibilities for sacramental preparation classes. I am expected to arrive 20 minutes prior to class and stay after class assisting with the dismissal procedure for the duration of the Faith Formation calendar year.

Co-Catechist- I understand my responsibilities include *assisting* the catechist with the class, learning *how to and participating in* creating and presenting lessons, acting as substitute for lead catechist in their absence. I understand there are additional responsibilities for sacramental preparation classes. I am expected to arrive 20 minutes prior to class and stay after class assisting with the dismissal procedure for the duration of the Faith Formation calendar year.

Permanent Substitute Catechist- I understand that I would consistently attend one session weekly, receiving my class assignment upon arrival. The office of Faith Formation will provide an appropriate lesson plan.

Substitute Catechist- I understand that the office of Faith Formation will call me when the need for a substitute catechist arises. The office of Faith Formation will provide an appropriate grade level lesson plan upon my arrival.

Safety Team- I understand my responsibilities include assisting in monitoring the grounds and school, escorting children to the classrooms and to the main office in the Parish Center. I am expected to arrive one half hour prior to the session time and/or staying up to one half hour after class is over.

Hospitality Team- Assisting parents in sign-in and early release process.



VOLUNTEER APPLICATION
Archdiocese of Miami

Dear Volunteer:

Thank you for offering your time and talent to our parish/school. Volunteers such as yourself are indispensable to our programs.

We truly dislike troubling you, but we know you will understand our need to make appropriate inquiries of those to whom the care of our young people is entrusted. Please supply the information requested below and return this form to your Director of Religious Education, your Youth Minister, Principal, or Administrator.

PLEASE PRINT:

Name: _____ Social Security #: _____

Address: _____

Date of Birth: _____

Work Phone: _____ Home Phone: _____

Driver's License No.: _____ State: _____

Parish: _____

RELIGIOUS INFORMATION

Parish

Baptism ()Yes ()No
First Communion ()Yes ()No
Confirmation ()Yes ()No

EDUCATION

Elementary Completed ()Yes ()No
High School Completed ()Yes ()No
College ()Yes ()No
Graduate Work ()Yes ()No
Specialization _____

DO YOU HAVE HISTORY OF:

Alcohol or Drug abuse ()Yes ()No
Mental Illness ()Yes ()No
Contagious Disease(s) ()Yes ()No
Problems with the Law ()Yes ()No

1. Have you ever been arrested? ()Yes ()No
2. Have you ever been accused of child neglect or abuse? ()Yes ()No
3. Has your driver's license ever been suspended or revoked? ()Yes ()No
4. Probation ()Yes ()No

Please explain if any answer is "Yes": _____

BACKGROUND QUESTIONS

1. Has a criminal, civil or internal complaint to management or supervisors at places of employment/volunteering ever been filed against you which alleged sexual misconduct, harassment or child abuse by you, or your participation in or facilitation of such activities? ()Yes ()No

If yes, explain. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed, disposition of the complaint; and identify by name & title, the person(s) who investigated the complaint and the person who adjudicated the complaint.

2. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (i.e. elderly, mentally or emotionally challenged, etc.) ()Yes ()No

If yes, please provide the name, address and telephone number of the organization; period of volunteer service, supervisor's name; and briefly describe your activities and/or duties.

3. Have you ever terminated any employment or volunteer service or chosen not to renew or continue any employment or volunteer service or have you ever had employment/volunteer service terminated, or been subject to any disciplinary action against you for reasons relating to allegations of sexual misconduct or child abuse by you? ()Yes ()No

If yes, please explain. Please include in your explanation the date, nature and place of the occurrence(s) or allegation(s); and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.

4. Have you ever been convicted of a crime (other than a minor traffic violation)? ()Yes ()No

If yes, please explain. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.

5. Have you ever been reprimanded, investigated, or dismissed from a position for grounds that include or involve immoral conduct, unprofessional conduct, unethical conduct, harassment, including sexual harassment, unfitness for service, etc.? ()Yes ()No

If yes, please explain incident, and provide name of supervisor, telephone numbers, dates, etc.

6. Have you ever been a defendant in a civil action for an intentional tort, including but not limited to, assault, false imprisonment, rape, etc.? ()Yes ()No

PRIOR EXPERIENCE WORKING WITH CHILDREN/YOUTH: (Please check those that apply)

() Children (up to age 10) Explain:

Name, address and phone number of your Supervisor: _____

() Youth (11-14) Explain: _____

Name, address and phone number of your Supervisor: _____

() Teens (15-18) Explain _____

WHAT WOULD YOU SAY ARE YOUR STRONGEST GIFTS? _____

PLEASE DESCRIBE IN YOUR OWN WORDS WHAT PROMPTED YOU TO VOLUNTEER YOUR SERVICES WITH THIS PROGRAM :

PLEASE TELL US WHICH DAYS AND TIMES ARE YOU AVAILABLE FOR YOUR VOLUNTEER WORK?

DAYS

TIMES

REFERENCES

Please list names, addresses, and phone numbers of those who are familiar with your character as it relates to work with youth. Three (3) **NON-FAMILY** references please (excluding Pastor and Staff).

Name

Address

Phone

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me.

I authorize the Archdiocese of Miami, its employees and agents, to make inquiries, including criminal history, employment history and driving history. I hereby release and agree to hold harmless from liability any person(s) or organization, who, in good faith, provides information to complete a background investigation. I also agree to release and hold harmless the local parish, school, or other diocesan institution, the Archdiocese of Miami, the Archbishop, and the officers, employees and volunteers thereof from any present or future claim of any kind resulting from any alleged liability for conducting a background investigation which may include, but not limited to, criminal courts, state and county and national repositories of criminal records.

Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Volunteer's Printed Name: _____

Volunteer's Signature: _____

Date: _____

Volunteer Code of Conduct

I also declare that I have read the **Volunteer Code of Conduct** and have been given a copy for reference. Based on this code, I promise that,

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration
- Avoid situations where I am alone with children and/or youth at Church activities
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and the **Abuse Hotline: 1-800-96ABUSE**. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor
- Cooperate fully in any investigation of abuse of children and/or youth

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering
- Use, possess, or be under the influence of illegal drugs at any time
- Pose any health risk to children and/or youth (i.e., no 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
- Use any discipline that frightens or humiliates children and/or youth
- Use profanity in the presence of children and/or youth

Over

I understand that any action inconsistent with the above or with the **Volunteer Code of Conduct** or failure to take action mandated by the Code of Conduct may result in my removal as a volunteer with children and/or youth.

Volunteer's Printed Name: _____

Signature of Volunteer: _____

Signature of Administrator: _____

Date: _____

****THE VOLUNTEER MUST ACCEPT AND PRACTICE THE POLICIES AND PROCEDURES OF THE MARIAN CENTER SCHOOL AND SERVICES. THEY MUST FOLLOW THE DIRECTIONS AND INSTRUCTIONS OF THE CLASSROOM TEACHER WHO HAS THE RESPONSIBILITY FOR EACH STUDENT'S GROWTH AND WELFARE. THE VOLUNTEER MUST REMEMBER THAT THE ATMOSPHERE OF THE CLASS CANNOT BE DISTURBED.

I HAVE READ THE ABOVE AND AGREE TO FOLLOW THESE GUIDELINES

SIGNATURE: _____

DATE: _____

VOLUNTEER PARTICIPATION AGREEMENT AND RELEASE

I, the undersigned, do waive and release the Archdiocese of Miami, Marian Center School & Services, and their corporate members, employees, officers, directors and agents ("Released Parties") from any expenses, costs, claims or liability for any injury or damages I may incur in any way associated with my participation in volunteer activities.

I understand that my volunteer activities involve some risk, and I hereby agree to assume such risk as a condition of my acceptance and participation in these activities.

I hereby grant the Released Parties full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I fully absolve the Released Parties from any liability or costs associated with such decisions or actions that may be taken in connection therewith. I authorize the Released Parties, at their discretion, to place me, at my own expense and without further consent, in a hospital that is readily available and/or to place me in the hands of a physician for treatment, should the need arise.

Signature of Participant: _____ Date: _____

Name: _____
Please Print

Emergency Contact Telephone Number: _____

(If Applicable)

I certify that I am the parent/legal guardian of the above-signed applicant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of the Release (including such part as may subject me to personal financial responsibility), and hereby relinquish any rights that I may have against the Released Parties as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant.

Signature of Parent/Guardian: _____ Date: _____

Name: _____
Please Print

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=15907

Or, please register by going to www.virtus.org and click on 'First Time Registrant'.



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.

Please note: **In light of the current health concerns, one prudent and preventative measure we can take is to make the VIRTUS Protecting God's Children training available Online as an option. This is a temporary precaution, and we will still offer the live training sessions available as an option.**

Click **Continue** to proceed.

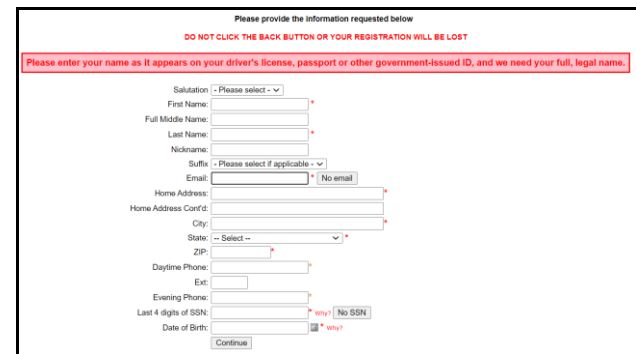


Provide all the information requested on the screen. Several fields are required, such as: First, Middle & Last Name, Email address, Home Address, City, State, Zip, Phone Number, and Date of Birth.

(Note: Do not click the back button or your registration will be lost.)

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.



Select the **PRIMARY** location where you work or volunteer by clicking the downward arrow and highlighting the location.

Click **Continue** to proceed.

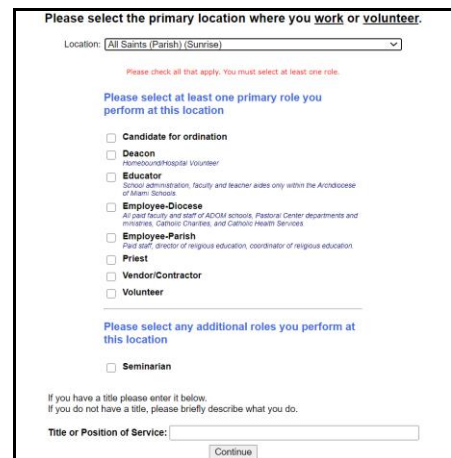
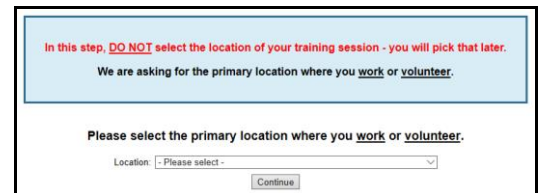
Note: If you serve at multiple diocesan locations, you will be prompted to select those additional locations in future screen(s).)

Your selected location(s) are displayed on the screen.

Select the role(s) that you serve within your parish or school. Please check all roles that apply.

Additionally, enter your title in the box that best describes your role within the Diocese -- ie. Catechist, Coach, DRE, Eucharistic Minister, Math Teacher, Seminarian, etc.

Click **Continue** to proceed.



Registration Instructions

Archdiocese of Miami

To **Select** any additional locations and roles, please select Yes.

Please select No if finished.

You have chosen following locations and roles:

All Saints (Parish) (Sunrise)
• Volunteer ✓

Are you associated with any other locations?

Yes No

Please answer the three questions.

Please click on **Continue**.

Are you a parent or guardian of a child under 18?

Yes
 No

Do you interact with, work with or come into contact with minors and/or vulnerable adults of this archdiocese/diocese/religious organization?

Yes
 No

Do you manage, supervise or oversee employees or volunteers on behalf of this archdiocese/diocese/religious organization in any capacity?

Yes
 No

Continue

Please acknowledge the document presented.

To proceed, please **Confirm** by clicking on: "I hereby represent that I have downloaded, read, and understand this document" and enter your full name and today's date.

Click on **Continue**.

Archdiocese of Miami, FL

Employee Pledge to Promote Safe Environment



Employee Pledge to Promote Safe Environment

I hereby represent that I have downloaded, read, and understand this document.

Please provide an electronic signature to confirm you have received the document above.

Full Name (first, middle and last)*: (John D. Smith)

Today's Date*: (mm/dd/yyyy)

Continue

Archdiocese of Miami, FL

Volunteer Pledge to Promote Safe Environment



Volunteer Pledge to Promote Safe Environment

Spanish | Creole

I hereby represent that I have downloaded, read, and understand this document.

Please provide an electronic signature to confirm you have received the document above.

Full Name (first, middle and last)*: (John D. Smith)

Today's Date*: (mm/dd/yyyy)

Continue

If you chose **NO** during the previous step, you will be presented with a list of upcoming **VIRTUS Protecting God's Children classroom** or **online** sessions scheduled for the **Archdiocese of Miami**.

(If you chose **YES** during the previous step, you will be presented with a list of all classroom sessions. Choose the session you attended by clicking the downward arrow and highlighting the session -- then click **Complete Registration**.)

Have you already attended a VIRTUS Protecting God's Children Session?

Please select the session and then click **Continue**.

Please select the session you wish to attend

- Protecting God's Children Online Awareness Session 3.0 (Online Training in English)
- Protecting God's Children for Adults (Online Training in Spanish)
- Protecting God's Children for Adults 3.0 Full Videos (Korean subtitles)
- Protecting God's Children for Adults 3.0 Full Videos (Vietnamese subtitles)
- Protecting God's Children for Adults
 - Where: Our Lady of Lourdes (Parish) (Miami)
11291 S.W. 142nd Ave.
 - When: Saturday, June 20, 2020
9:30 AM
 - Estimated length of session: 3 hrs
 - Spaces remaining: 12 of 75
 - Language: This session will be conducted in English
 - Notes: St. Bernadette Hall
 - Wheelchair accessible: Yes

If you chose **online**, please click on the **green circle** to begin the **Protecting God's Children Online Training**

Upon completion, the last screen will allow you to **print** a certificate, and you always can log back into your account and access the certificate.

Online Training Courses

To begin your online training, please click the title of your assigned training:

- Protecting God's Children® Online Awareness Session 3.0_Miami**
Assigned: 06/11/2020
Due: 06/25/2020

If you have additional questions about VIRTUS Online training, please contact the VIRTUS Help Desk at 1-888-847-8870 or helpdesk@virtus.org.

Thank you for registering!





Our Catholic faith is one based on service to others. It is also important to keep in mind that volunteering is a privilege, not a right, and it comes with responsibilities, especially when serving children and/or vulnerable adults. First and foremost being successfully passing a background check every five years and maintaining an active and up to date Virtus account. You may see your status by logging into your Virtus account to access your Training Report.

Virtus Training Reports

For volunteers who have Virtus accounts but need to show verification their account is up to date, they can print out their Training Report. The following are instructions.

- Log into your Virtus account at www.virtus.org by entering your user id and password.
- Click on the green Training tab at the top of the page.
- Click on Training Compliance in the green column to the left.
- Click on Training Report.
- Then click on the printer icon found in the upper right- hand side of the page where you see your name and Archdiocese of Miami, FL.

This page is dated and indicates both live training record and the number of featured, read and missed bulletins.

VIRTUS STEP BY STEP REGISTRATION FOR WORKSHOP

Log in to WWW.VIRTUS.ORG

Choose REGISTRATION on left menu

Choose VIEW A LIST OF SESSIONS

SELECT YOUR ORGANIZATION drop down menu

Choose MIAMI, FL (ARCHDIOCESE) → SELECT

There is a list of upcoming sessions for you to choose the location and date most convenient.

Choose START REGISTRATION for the session you will be attending and follow the prompts.

Please supply us with a copy of your Certificate of Attendance for our file. If no certificate is given to you, then you can print your own by following these instructions:

Registration for the session is required to get a certificate. If you did not pre-register, then post register at www.virtusonline.org by clicking on “registration” in the left hand green column. Follow the prompts.

The facilitator of the training session will fax the sign-in sheets to the Safe Environment Office. Once your signature is on file, your account will be activated. You will receive an automatic email from VIRTUS indicating your account status at the time of activation.

Once activated, you may log in to www.virtusonline.org and enter your user id and password. Next, click on the green Training tab at the top of the page. From here, click on “live training” in the green column to the left. Here you will see an option to print your certificate. If you encounter any problem with this process, please contact the Safe Environment Office at 305-762-1250.

The Training tab is also where you can access your monthly bulletins. Please remember you must keep up with your training bulletins online after your attendance to the workshop.

REGISTRATION & SCHEDULING

Here is how to register online and schedule an appointment for fingerprints:

1. Open the internet browser and log onto www.fieldprintflorida.com.
2. On right hand side of screen, click “*Schedule an Appointment*”.
3. New Users or Existing Users screen
 - a. All applicants must continue through “New Users” to create an account with Fieldprint.
 - b. A valid email address/account is needed for the registration.

NOTE: On this page (top right hand corner), applicant can change the registration from English to SPANISH.

4. Sign Up screen
 - a. Create a password, security question and security question answer.
 - b. Re-type the email address used in previous screen.
 - c. And then click on “Sign Up and Continue”.
5. “Reason why you need to be fingerprinted” screen
 - a. Then click on I KNOW MY FIELDPRINT CODE which is located directly under the **red** words “Reason why you need to be fingerprinted”.
6. FIELDPRINT CODE screen
 - a. Entity (parish or school) is to provide the appropriate code for this step.
 - b. All Fieldprint codes are CASE SENSITIVE.
 - c. Entity has provided the below code to be used during your registration:

FPAOMParishVol

7. Personal Information screen

- a. The information requested on the scheduling site is the information required by FDLE/FBI in order to process the criminal search. This is the same information required to be completed by the applicant on “the old” ink hard cards.
- b. Screen 1 of Personal Information must be filled out completely so an accurate criminal background can be reached.
- c. Screen 2 of Personal Information must also be filled out completely.

8. Additional Information screen

- a. Select the “School Location” and “Job Type”

NOTE: Applicant will select a “job type” based on participation (i.e. Parent volunteer, Usher, etc.).

9. VECHS Waiver Agreement and Statement screen

A requirement of the Florida Department of Law Enforcement (FDLE).

- a. Must provide a response for all questions with an asterisk (*).

10. Final step is the Registration Confirmation page.

11. Schedule Appointment

12. Applicant must present two (2) valid forms of identification:

- a. Valid State Driver’s Licence or Valid State Identification Card
- b. US Passport or Foreign Passport
- c. Social Security card
- d. Credit Card
- e. Utility bill
- f. For more examples - list is provided on appointment confirmation page

FIELDPRINT CUSTOMER SERVICE:

For any issues or questions with the website, kindly contact the Fieldprint customer service team at (800) 799-1067 or at CustomerService@fieldprint.com.

Applicant may also select the “Contact Us” link on the website.