

**S A I N T G A B R I E L**  
**C A T H O L I C S C H O O L**

**VOLUNTEER CONTACT INFORMATION SHEET**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

EMAIL: \_\_\_\_\_

**CHECKLIST**

- VOLUNTEER APPLICATION
- VIRTUS (Diocese of Las Vegas) or PRAESIDIUM (Eparchy of Phoenix)  
CERTIFICATE OF TRAINING
- FEDERAL BACKGROUND CHECK CLEARANCE DOCUMENTATION
- STATE BACKGROUND CHECK/FINGERPRINT CLEARANCE  
DOCUMENTATION
- STANDARDS OF MINISTERIAL BEHAVIOR
- ACCEPTABLE USE POLICY (TECHNOLOGY)
- COPY OF DRIVER'S LICENSE
- PHOTO FOR IDENTIFICATION BADGE – Digital please

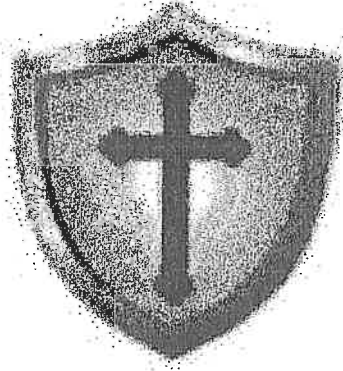
For Office Use:

Date of Face-to-Face Interview: \_\_\_\_\_ Conducted by: \_\_\_\_\_

Date References Contacted: \_\_\_\_\_ Calls made by: \_\_\_\_\_

Date of NV Sex Offender Registry Check: \_\_\_\_\_ Conducted by: \_\_\_\_\_

SAINT GABRIEL  
CATHOLIC SCHOOL



VOLUNTEER  
APPLICATION

This is an Application for Volunteer, unpaid services. This Application **must be** completed in full.

**PLEASE PRINT LEGIBLY**

**PERSONAL INFORMATION**

Volunteer position sought and/or services being offered: \_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Present Address: \_\_\_\_\_

Street and Number

City

State/Zip Code

How long have you lived at your present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous Address: \_\_\_\_\_

Street and Number

City

State/Zip Code

How long did you live at your previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Home Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver License (State/County):	License No.:	Expiration Date:
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Name on License (if different than listed as applicant): \_\_\_\_\_

Have you ever used another name?  Yes  No If yes, what name(s): \_\_\_\_\_

Is there any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your background, work, educational or other record? If yes, please explain: \_\_\_\_\_

Have you ever pled guilty, no contest to, or been convicted of a felony?  Yes  No

If yes, please give date(s) and details: \_\_\_\_\_

Have you ever pled guilty, no contest to, or been convicted of a misdemeanor resulting in imprisonment within the last seven years?  Yes  No

If yes, please give date(s) and details: \_\_\_\_\_

*NOTE: Answering "Yes" to these questions does not constitute an automatic bar to volunteer service. Factors such as age, time of the offense, seriousness, nature of the violation, and the position for which you are applying will be taken into account. Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering these questions.*

Have you ever worked or volunteered for the Diocese of Las Vegas at any parish, school or other location before?  Yes  No

If yes, please give dates and position: \_\_\_\_\_

**PREVIOUS EXPERIENCE/WORK HISTORY**

Are you now employed?  Yes  No

Please list your current or last employer, along with the following information:

<u>Present or Last Employer</u>	<u>Employed</u>	<u>Position &amp; Duties</u>	<u>Reason for Leaving</u>
Name _____	From: _____ (month/year)	_____ _____ _____	_____ _____ _____
Address _____	To: _____ (month/year)	_____ _____ _____	_____ _____ _____
City/State/Zip _____		<u>Name of Supervisor:</u> _____	
Telephone _____			
Email _____			

<u>Present or Last Company with whom you Volunteered</u>	<u>Volunteer Service</u>	<u>Position &amp; Duties</u>	<u>Reason for Leaving</u>
Name _____	From: _____ (month/year)	_____ _____ _____	_____ _____ _____
Address _____	To: _____ (month/year)	_____ _____ _____	_____ _____ _____
City/State/Zip _____		<u>Name of Supervisor:</u> _____	
Telephone _____			
Email _____			

Please indicate any actual experience, skills, training, education and qualifications that you have which you feel are relevant to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Are you capable of performing the essential job duties required of the position for which you are applying?  Yes  No

Other educational experiences you believe may be relevant: \_\_\_\_\_

\_\_\_\_\_

Do you speak any Foreign Language? If yes, please specify the following:

<u>Foreign Language</u>	<i>Speak</i>	<i>Read</i>	<i>Write</i>
_____	Good Fair Poor	Good Fair Poor	Good Fair Poor

Foreign Language *Speak* *Read* *Write*  
 Good Fair Poor Good Fair Poor Good Fair Poor

Are you volunteering as part of a community service commitment?  Yes  No  
 If yes, what is the community service for? \_\_\_\_\_

Do you belong to a parish within the Diocese of Las Vegas?  Yes  No  
 If yes, which parish? \_\_\_\_\_

How did you hear about volunteering opportunities? \_\_\_\_\_

**PERSONAL REFERENCES**

Please list persons who know you well – **not** previous employers or relatives:

NAME	OCCUPATION	ADDRESS	TELEPHONE	# OF YEARS KNOWN

**EMERGENCY CONTACT INFORMATION**

Name of Emergency Contact: \_\_\_\_\_

Contact Information (*Best way to reach*): \_\_\_\_\_

**VOLUNTEER SERVICE ACKNOWLEDGMENTS**

- In the event I am able to render service in a volunteer position with Saint Gabriel Catholic School, I agree to comply with all policies, procedures, rules and regulations. I understand that all volunteers must have a criminal background check in order to begin service.
- I understand that volunteers who work with children are required to take the VIRTUS "Protecting God's Children" class and sign the VIRTUS code of conduct form. This workshop is provided free of charge through the Diocese.
- I understand that volunteers must maintain confidentiality of all people/clients served.
- I understand that volunteers must promote the philosophy, mission, work and activities of the Catholic Church and agree to treat all other volunteers, employees of the school and parish, the general public at all times in a positive, professional manner.
- Volunteers must contact the direct supervisor or the person to whom they report if they are unable to follow through with their commitment.
- I understand that volunteers must not have in their possession illegal substances, firearms, alcohol during their volunteer time.
- I understand that volunteers are responsible for the safety of their own personal property.
- In connection with and during the duration of my volunteer services with Saint Gabriel Catholic School, I understand that investigative background inquiries will be made on myself.

**I certify that all of the information that I have provided on this application is true and accurate.**

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_



SAINT GABRIEL  
CATHOLIC SCHOOL

## Protecting God's Children

### VIRTUS Training Instructions

If you're interested in volunteering at SGCS, you must complete the Diocesan mandated '*Protecting God's Children*' training course.

1. Log onto [www.virtusonline.org](http://www.virtusonline.org)
2. Click on the 'registration' link
3. Select 'Diocese of Las Vegas, Nevada' from the drop-down menu.
4. Complete the online registration form. **Be sure to select Saint Gabriel Catholic School and not your home parish. If you don't select Saint Gabriel Catholic School when registering, we will not receive notification of your compliance.**
5. Select the training session you would like to attend.
6. You will receive an email confirming your registration date.

After successful completion of your training session, you will be required to complete monthly online bulletins through your Virtusonline.org account. You will receive monthly email reminders from Virtus. You must remain current with the monthly Virtus bulletins in order to volunteer with the children.

A copy of the Virtus Training Certificate or letter of completion will be required for your volunteer file. Please submit to the school office upon receipt.



# Burton Studio

APCN#

3375 Pepper Lane Ste 101 Las Vegas Nv. 89120

702-456-9190

Today's Date \_\_\_\_\_/2013

Number of Prints 1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Date of Birth                /                /               

Place of Birth \_\_\_\_\_ State \_\_\_\_\_

Sex  M  F

Race  W (Caucasian Hispanic)  B (black)  A (asian) Other \_\_\_\_\_

Weight \_\_\_\_\_

Height \_\_\_\_\_

Eye Color  Brown  Green  Blue  Black  Hazel  Grey

Hair Color  Brown  Blond  Black  Red  Grey  None

Citizenship of what country  US  Canada  Philippines  Other \_\_\_\_\_

Social Security \_\_\_\_\_

Res Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_

Reason for Prints  Staff  Volunteer

Signature \_\_\_\_\_

## Voucher

Saint Gabriel Catholic School

2170 E. Maule Avenue

Las Vegas, Nevada 89119

702.487.9695 phone

office email: [admin@sgcslv.com](mailto:admin@sgcslv.com)





Name: \_\_\_\_\_

Clergy, Religious, Seminarian, Staff or Volunteer

## Standards of Ministerial Behavior in Dealing with Children & Young People

We the clergy, women and men religious, seminarians, staff and volunteers of Saint Gabriel Catholic School who have regular contact with children and young people pledge that we will maintain an open and trustworthy relationship with them free of behavior which is sexual in nature.

### General Guidelines

- 1.1 Children and young people deserve the Church's highest standard of care. Since adults hold positions of power, we will set appropriate boundaries to assure a safe place for our children and young people in all Church ministries and programs.
- 1.2 We will witness in these and all our relationships the chastity appropriate to our state in life, whether celibate, single or married.
- 1.3 We recognize that needs for affection and intimacy must be addressed outside our work with children and young people.
- 1.4 Recognizing that physical contact with a minor may on occasion be appropriate and in some instances unavoidable, we acknowledge that it can also be misconstrued. It should occur in our work with youth (a) only when completely nonsexual and (b) never in private. In addition, we will not engage in speech, gesture or other behavior which may be construed as seductive or sexually suggestive to a minor.
- 1.5 When working with youth, we know that a team approach is best. We will, to the extent possible, avoid being alone with a minor, including transportation.
- 1.6 We will be accountable to a spiritual director, superior, colleague, spouse or peer to ensure we maintain proper boundaries in our relationships with young persons and openly discuss threats perceived to those boundaries by ourselves, a youth or others.
- 1.7 We will educate ourselves concerning the signs of abuse and neglect of minors and take appropriate and requisite action when such signs are recognized. We acknowledge the State of Nevada's *Child Protection Law* in that regard, as well as the Diocese's *Policy on the Sexual Abuse of Minors*, and pledge our support of them.
- 1.8 Where other civil laws or codes of ethics govern particular aspects of our relationships with minors, we to comply agree implicitly with them in all respects.

### Particular Guidelines

- 2.1 Priests, unmarried deacons, religious and seminarians will not allow an unrelated minor to stay overnight in their private accommodations or residences unless the minor's parent or guardian is present. Married deacons, staff and volunteers will not share overnight accommodations with an unrelated minor if no other adult is present.
- 2.2 We will not meet with an unrelated minor in private absent exceptional circumstances. We will not do so, if at all possible, without notifying a superior or colleague in advance. When such a meeting occurs without such notice, we will promptly notify a superior or colleague in writing of the event, the circumstances giving rise to it and what occurred.



SAINT GABRIEL  
CATHOLIC SCHOOL

**ACCEPTABLE USE POLICY (AUP-Technology)**

1. The computer/iPad resources (systems) utilized within the Saint Gabriel Catholic School (hereafter referenced as SGCS) are provided for use by SGCS employees, registered students and specifically identified parents of registered students and school volunteers approved by the Principal. This Acceptable Use Policy is in force on the school property twenty-four hours a day, seven days a week.
2. Cell Phones will be collected at the start of the school day. The phones will be locked away in the teacher's cabinet. Any student who is found in possession of using a cell phone during the school day will have the phone collected by the faculty/staff member and turned in to the office. The parent will be required to collect the phone from the school office and the student will not be allowed to bring a phone to school. If the phone is brought to school and used during the school day there will be a fine of \$100.
3. A system user who is a minor child must provide the signature of a custodial parent or legal guardian who is willing to be responsible for adherence to all rules for system use by the minor child. This signature must appear on the official application. The user is responsible for any use of his/her account, user name and password and must report any unauthorized use immediately.
4. All users agree to accept full responsibility for the security, confidentiality, and use of their passwords and for any and all sites accessed with their passwords. In addition, they agree to protect all information contained on any system owned by SGCS and they agree to protect the system from any abuse with their accounts.
5. Users agree not to use or attempt to use anyone else's account. Owner should immediately report to their teacher/supervisor any unauthorized use. Do not loan your computer/iPad out.
6. SGCS does not guarantee the safety of individuals account holders' files. Users are encouraged to make back up copies of their files.
7. SGCS does not guarantee the security or confidentiality of electronic mail. Users are prohibited from sending any material that is licensed, proprietary, or otherwise covered under non-disclosure agreements. SGCS has access to the contents of any file or E-mail in the system.
8. These computer/iPad resources (systems) are primarily for school business, research and academic use; only school faculty/staff are allowed to access personal E-mail. Other personal Internet use is allowed so as long as the use is non-profit, legal, does not interfere with the primary use of the system in any way, and the use conforms to all other use rules in this agreement.
9. It is prohibited to use "swear words," vulgarities, racist or ethnic remarks or other inappropriate language. This includes modern day variations or nuances of profane or

13. Teachers are expected to review rules, guidelines, password confidentiality/responsibility and appropriate use with their students on an on- going basis. They are also expected to remind students that computer/iPad work is not privileged communication and that a history of computer/iPad usage is accessible by Information Systems Department personnel. If there is a question regarding acceptable use, this history may be accessed for any computer/iPad.
14. Users may only order services or merchandise that are directly school related and which fall under the appropriate guidelines for network use. All matters concerning the merchandise and services ordered from a Seller, including but not limited to purchase terms, payment, warranties, guarantees, maintenance and delivery are solely between the Seller and the user. SGCS and its systems administrators shall not be a party to such transactions or be liable for any costs or damages, whatsoever which arise, directly or indirectly, from transactions. The name of the school or the parish shall not be used in any transactions and the school and parish will not be held liable financially or otherwise for any purchases made online.
15. SGCS assumes no responsibility or liability for any phone charges including, but not limited to, long distance charges, per minute surcharge and/or equipment or line costs incurred by SGCS users while accessing the SGCS network. Any disputes or problems regarding phone service are strictly between SGCS users and their local phone company and/or long distance service providers.
16. Users who perceive any violation of this agreement are required to report the alleged violation. Adults report to the Principal or to the Pastor/Parish Administrator. Students report to their teacher or the Principal.
17. Alleged violators will be contacted and given an opportunity to present an explanation to the appropriate supervisor or Principal. If a violation of this agreement has occurred, the user's account may be suspended for an indefinite period of time or completely revoked. When an account is suspended or revoked the user (and his/her parents, if a minor child) will be notified. The user (and/or his/her parents, if a minor child) has five school days from the date of the written notification to request a review hearing. The hearing officer will be the Principal and/or the Pastor/Parish Administrator whose decision will be final.
18. In all cases, adults who accidentally misuse the system in any way are required to inform their immediate supervisors within 24 hours in order to establish their unintentional error. Students who accidentally misuse the system are required to inform their teacher or the Principal within one (1) hour in order to establish their unintentional error. This action will mitigate or eliminate penalties in most cases. For students, the immediate supervisor is the teacher or the Principal.
19. SGCS reserves the right to unilaterally amend this agreement. Notice will consist of a verbal or written notification or an email announcement sent to all registered users. Posting of the amendment on the SGCS website constitutes notification to all school registered users. Use of SGCS systems after the effective date of the amendments constitutes acceptance of the new terms.
20. Students and staff are not authorized to install software programs on any computer/iPad that is owned by SGCS. A request via email or in writing needs to be submitted to the



Department of Public Safety  
General Services Division  
Attn: Fingerprint Support Unit  
333 West Nye Lane, Suite 100  
Carson City, Nevada 89706

IDENTIFICATION FILE REQUEST FOR  
STATE OF NEVADA RECORDS OF CRIMINAL HISTORY FORM

I hereby authorize the State of Nevada Criminal History Repository to disclose criminal history record information, if any, within my identification file to me or the person or entity indicated below:

Today's Date: \_\_\_\_\_

Please indicate the full name, address and contact information of the individual to be searched below (to be completed by the subject of the record).

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City, State and Zip Code*

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
*(If available) (If available)*

\_\_\_\_\_  
*Signature of Subject of Record Search*

\_\_\_\_\_  
*Date of Birth*

Please indicate the complete response mailing information below:

Respond To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City, State and Zip Code*

Please indicate reason for request: \_\_\_\_\_  
*(Optional)*

*The use of this form is intended to safeguard the rights of the signatory and ensure the confidentiality of the requested information against non-authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. A \$23.50 certified check or money order made payable to the Department of Public Safety must accompany each request.*