The Guide for Being Compliant With the Child Protection Policy

Volunteers

Step 1:

Open and create a Virtus account. This can be done at www.Virtus.org.

1. Click *First Time Registrant*
2. Click *Begin the Registration Process*
3. For *Select your Organization,* choose Washington, DC (Archdiocese)
4. Fill out requested information
5. For location, choose St. John Frances Regis (419) (Hollywood)
6. Choose Volunteer and enter Volunteer for title
7. Answer all questions
8. Read the Code of Conduct and indicate that you've done so
9. Choose the Protecting God's Children Workshop you would like to take. They are all being held virtually and they add classes weekly.

Step 2:

Fill out a Volunteer application (can be found on website under *secure parent page then forms).*

- You need two forms of identification – one photo id
- Complete and submit the application and ID's to St. John's School (Mrs. Ripple).

Step 3: Fingerprinting for Employees & Volunteers

- Please find the form required for fingerprinting attached. Please be sure to use this form as it has the ADW fingerprinting authorization number. Only schedule fingerprinting once you have taken the training class and your application has been submitted.
- Bring authorization form for fingerprinting to one of the fingerprinting locations along with two forms of identification. Save a copy of the receipt in case it is needed to obtain your results.
- To schedule an appointment with the St. Mary's County Sheriff's office please visit https://firstsheriff.simplybook.me/v2

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION
Please type or print legibly.

Name:

Date of Birth: | Social Security Number: | Gender: ☐ Male ☐ Female

Height: ft. in. | Weight: lbs. | Eye Color: | Hair Color:

Race/Ethnicity: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other

Place of Birth: | Citizenship:

Street Address:

City: | State: | Zip Code:

Phone Number: | Driver's License Number: | Email Address:

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

☐ Gold Seal/Adoption *(Enter Authorization Number if applicable)* _____
☐ Gold Seal/Letter/VISA
☐ Immigration/VISA
☐ Individual Challenge
☐ Individual Review
☐ Attorney/Client *(Written Authorization Required)*

N/A

Mailing Information: ARCHDIOCESE OF WASHINGTON

Name:
Andrea Salazar - Office of Child Protection and Safe Environment

Street Address:
5001 EASTERN AVENUE

City: HYATTSVILLE | State: MD | Zip Code: 20782

AGENCY

Please select from the following (*ORI Required):

☐ Adult Dependent Care	☐ Government Employment*	☐ Private Party Petition**
☒ Child Care*	☐ Government Licensing or Certification*	☐ Public Housing
☐ Criminal Justice*	☐ Maryland State Police Licensing*	

Agency Authorization Number:
9000016616

*ORI Number:
MD920523Z

**Position Applied: