

Dear School Volunteer,

Thank you for volunteering to serve the children of our school. We also thank you in advance for your full compliance in completing the following **Diocesan Requirements for all volunteers working with children.**

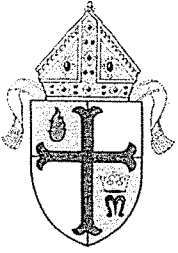
All volunteers working with children must:

1. Read the *Diocese of Metuchen Code of Pastoral Conduct* which can be found on the Diocesan website. Hard copies are available upon request.
2. Complete and return to the school the attached Diocese of Metuchen Volunteer Form as well as the Code of Pastoral Conduct Acknowledgement.
3. Within 30 days:
 - Volunteers, who have never been fingerprinted for The Diocese of Metuchen, must make an immediate appointment to be fingerprinted with Idento G (see attached form and directives).
 - Volunteers, who were previously fingerprinted 3+ years ago, for the Diocese of Metuchen, must be re-checked; blue re-check forms must be completed and are available if needed.
4. All volunteers working with children are required to attend the next available Protecting God's Children Virtus Workshop.
 - List of upcoming sessions can be found on the Diocesan website <http://diometuchen.org/> (Virtus Training).

Please read all information carefully, and do not hesitate to contact me if you have any questions or concerns at linda.negraval@stambroseschool.net.

Thank you so much for your cooperation.

Linda Negraval
School Background Coordinator



Diocese of Metuchen, New Jersey
Volunteer Application

Diocese/Parish/School/Facility: _____

Town/City: _____

Name _____ Date of Birth: _____

Maiden Name: _____

Street address: _____ City: _____ State: _____ Zip: _____

How long at current address: _____

Phone: Home (____) _____ Work (____) _____

E-mail: _____

Name of Volunteer Service Position: _____

What Parish do you belong to? Name _____ Town _____ For how long? _____

Current employer _____ Address _____

Check here _____ if you have had a criminal records check with one of the Diocese of Metuchen Catholic Schools and/or Parishes. Enter date of last record check: _____

Have you ever been convicted of a felony or misdemeanor? Yes / No. If yes, explain _____

NOTICE: If you are applying for a position where you will have direct contact with a child or children under the age of 18 years in more than one instance; or where you will engage in an overnight activity with a child or children under the age of 18, even in one instance; or where you will have contact with adults who are senior citizens or who have physical or mental limitations, you shall be subject to a criminal history background investigation before your volunteer services begin.

**Volunteer Applicant Consent Form for a
Criminal History Background Investigation**

Please review the following information carefully and sign below where indicated.

I, [_____] certify and declare under penalty of perjury under State and Federal
name of volunteer applicant

law that the information contained in my Volunteer Application submitted to the Diocese of Metuchen (the “**DIOCESE**”) is complete, true and accurate. I understand that falsification or omission of any requested information may result in immediate termination of my volunteer position or activities.

I understand that as part of my volunteer application process and as part of my volunteer activities, a criminal background investigation may be performed on me. In consideration of the **DIOCESE**’s review of my application to volunteer and/or my continuing volunteer activities, I now consent to and allow the **DIOCESE**, or its authorized agents bearing this release or copy of this release, to perform a criminal and personal background investigation on me. I also authorize them to contact any past church, youth organizations, agencies where volunteer service have been completed, and any individual or organization which might be relevant to my desired volunteer position. Such individuals and organizations are authorized to release such information as may be requested by Diocesan/Parish personnel.

I authorize all persons and organizations, including law enforcement agencies and Courts that may have information concerning this background investigation, to disclose such information to the **DIOCESE** or its authorized agents. I hereby release the **DIOCESE**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this investigation. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that the Diocese of Metuchen and Parish have a “ZERO TOLERANCE FOR ABUSE” policy and that they take all allegations of abuse seriously. I further understand that they will cooperate fully with the authorities to investigate all claims of abuse. A claim of abuse of any child or any vulnerable adult, including any person who is elderly or has physical or mental limitations, are grounds for immediate termination of my service.

I further attest that I will read and abide by the Diocesan, Pastoral Code of Conduct when working with minor children and vulnerable adults.

Signature of Volunteer

Date

Printed Name

Directives for MorphoTrust – Idento G
FINGERPRINTING/BACKGROUND CHECK
FOR VOLUNTEERS

- Read and complete the white Morpho Trust Idento G form carefully.
- Immediately make a Fingerprint appointment at the location of your choice (location sites, directions and available times are available on-line)
 - Online Appointment: bioapplicant.com/nj
 - Phone Appointment: 877-503-5981
- Pay your appointment fee of \$24.20 with Visa, Master Card or e-check only.
- When you go to Morpho Trust at your scheduled time, you must:
 - Bring completed white Idento G form
 - Bring a valid photo ID
 - Save your receipt
 - Make a note of your PCN #
- **You must return your original receipt to the Background Coordinator.** (It is recommended that you also retain a copy for your files).

Please Note: The closest locations from St. Ambrose are

Edison 7.45miles

King Georges Post Road

1090 King Georges Post Road Building 1 Suite 108

Edison, NJ 08837

Hours: M,T, Th, F 9AM-12PM & 1PM-5PM ; W 12PM-4PM & 5PM-8PM; 2nd and 4th

Saturday 9AM-12PM & 1PM-5PM

Cranford 17.63

Cranford Square Shopping Center

6 South Ave West

Cranford, NJ 07016

Hours: M-F 9AM-12PM & 1PM-5PM

Ocean 19.04 miles

Ocean TWP Monmouth County

39 Cindy Ln, Ste B

Ocean, NJ 07712

Hours: Mon, Tue, Wed & Fri 9AM-12PM & 1PM-5PM; Thu 12PM-4PM & 5PM-8PM;

2nd & 4th Sat 9AM-12PM & 1PM-5PM



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ920610Z		(2) Category YSB	(3) Statute Number 15A:3A-1		
(4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER			(5) Document Type VB1	(6) Payment Information \$24.20	
(7) Contributor's Case # (Unique Identifier) MET 131			(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) [] Female [] Male [] Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City	State	Zip	
<p>Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u>. 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).</p>					

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, 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 (\$10.70) 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 (\$10.70) 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.

CODE OF PASTORAL CONDUCT

ACKNOWLEDGMENT OF RECEIPT AND REVIEW

I have received and reviewed *The Roman Catholic Diocese of Metuchen Code of Pastoral Conduct*. By means of my signature, I express my understanding and acceptance of its terms. I also understand that this form will be maintained in my secure personnel file.

Printed Name _____

Signature _____

Date _____