ROSARIAN ACADEMY, INC.
VOLUNTEER APPLICATION

Rosarian Academy, Inc. ("Rosarian") observes the principles of EEO and does not discriminate on the basis of race, color, sex, national origin, age, disability, marital or other protected status. However, Rosarian expects that a prospective or active volunteer lives a way of life consistent with the practice of the Christian faith and gospel values.

INSTRUCTIONS: Please print. Answer each question accurately and completely; do not refer to or attach a resume to this Application. Print "n/a" in any space that does not apply to you. Incomplete applications or applications providing additional non-requested information are considered withdrawn and will not be considered.

Volunteer Position applying for _____ Date _____

Last Name_____ First _____ M.I. _____

Current Address _____ City _____ State _____ Zip _____ How Long?_____

Previous Address _____ City _____ State _____ Zip _____ How Long?_____

Home Phone # (___) _____ Cell Phone # (___) _____

E-mail address _____ _____

VOLUNTEER WORK REQUESTED

Are you 18 years of age or older? ☐Yes ☐No If less than 18 years of age, state current age: _____

Category: ☐ Volunteer Full-time ☐ Volunteer Part-time Date(s) Available: _____

If part-time, days and time available: _____

_____

Have you ever applied to work or volunteer with Rosarian? ☐Yes ☐No
If yes, when? _____

Have you been previously employed by or volunteered with Rosarian? ☐Yes ☐No
If yes, when?_____

In which positions did you work or volunteer?_____

Give names and positions of any relatives, including in-laws, who work or volunteer for Rosarian:

_____

List any skills or qualifications including computer skills that support your volunteer application: _____

_____

_____

Have you ever been convicted of, or plead guilty, adjudication withheld, *nolle prosequi* or *nolo contendere* to a crime? ☐Yes ☐No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? ☐Yes ☐No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition):

_____

_____

_____

***Note: Conviction of a crime will not necessarily disqualify you from volunteering. Each conviction will be judged on its own merit with respect to time and relatedness.**

ROSARIAN ACADEMY

Background Screening Instructions for

Early Childhood Employees, Parents, and Volunteers

To initiate the Level 2 FDLE/FBI LiveScan Fingerprint Check, please provide the following required information. This information is confidential and used only for the purpose of initiating your application in the Care Provider Background Screening Clearinghouse.

Please print legibly.

First Name:_____ Middle Name:_____ Last Name:_____

Aliases:_____ SSN:_____-_____-_____

Date of Birth:_____ Place of Birth:_____

Address Line 1:_____ Email:_____

_____ Phone Number:_____

City:_____ State:_____ Sex:_____ Race:_____

Zip:_____ County:_____ Hair Color:_____

Prior States Lived in the past 5 years: Eye Color: _____

_____ Height: _____

Country of Citizenship: Weight:_____

_____

Best times for fingerprinting appointment: (Circle all that apply)

Tuesday Wednesday Thursday Friday

AM (10:00 – 11:45) PM (12:00 – 4:45)

Appointments take about 15 minutes.

☐ I have received, read and signed a copy of the attached Privacy Policy Acknowledgement Form and am returning it to school to be kept in my file.

I will email you the appointment time and date, and you will receive a form to take with you to the fingerprint location, which is:

The UPS Store
931 Village Blvd. #905
West Palm Beach, FL 33409.

The form will have instructions to follow if you need to change the appointment.

Thank you,

Keller Lanahan

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,
- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau

PRIVATE SCHOOLS
WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize ***(enter Name of Qualified Entity)*** _____ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

I understand that a copy of the criminal history background report you receive on me will be released to the Department of Education.

A national criminal history background check on me has previously been requested by:

_____
(Name and Address of Previous Qualified Entity) **(Year of Request)**

I ___have *OR* ___have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

_____

_____

I ___do *OR* ___do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): **Employee** ☐ **Volunteer** ☐ **Contractor/Vendor** ☐

Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ **Fax:** _____

FDLE Assigned Qualified Entity Number: _____

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

Florida HEALTH
Palm Beach County

Rules and Regulations Governing Child Care Facilities & Family Day Care Facilities in Palm Beach County, Florida, Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

RELEASE OF INFORMATION

I, _____ Child Care applicant, hereby g ive the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realiz e this search is a routine matter for all applicants, pursuant to the Rules and Regulations Governing Child care in Palm Beach County, Chapter 435, F.S. and Chapter 402, F.S.

Full Name of Child Care Facility Rosarian Academy

Facility Address 807 N. Flagler Dr. WPB, FL 33401

Facility OCA # 09502094Z Phone # (561) 832-5131

_____ _____
Signature of Applicant Date

TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM

Full Name _____
First Middle (maiden) Last

Other names applicant has used (include maiden names and nicknames)

_____

Race _____ Sex _____ Date of Birth _____

*Social Security No. _____ Date of Hire _____

Current Address _____

_____

Please return this form to: Rosarian Academy (facility name)
807 N. Flagler Dr.
WPB, FL 33401 (facility address)

*Chapter 435, F.S., requires background screening of owners, operators, and directors. Social security numbers are also used for identification purposes when performing background screening required by 402.305, F.S."

Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their <u>suspicions</u> of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

  Categories include:
  - Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
  - Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
  - Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)

* Reports must be made immediately to the Florida Abuse Hotline Information System by
  - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
  - Fax at 1-800-914-0004, or
  - Online at http://www.dcf.state.fl.us/abuse/report .

* Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **<u>Remember</u>**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.

* All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.

* It is important to give as much identifying and factual information as possible when making a report.

* Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.

* For more information about child abuse and neglect, visit the Department's website at www.myflfamilies.com/childcare and select "Training & Credentialing." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on _____, 20___, I, _____
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

_____ _____
Signature of Employee (for facility or large family child care home) Signature of Operator

AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employee's Name)
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

	Relating to:
Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children

CONTINUED ON NEXT PAGE

statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT:_____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT:_____

Sworn to and subscribed before me this _____ day of _____, 20___.

_____
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

_____
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification
Type of identification produced:_____

E NATIONAL CATHOLIC RISK RETENTION GROUP, INC.

VIRTUS Online™

Registration Instructions
Diocese of Palm Beach

Before completing **Protecting God's Children Training**, 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=14051

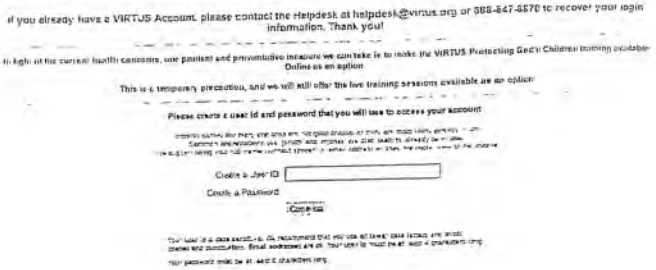
Or, please register by going to www.virtus.org and click on 'First Time Registrant'.

VIRTUS®
Excellence
Builds
Trust

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.

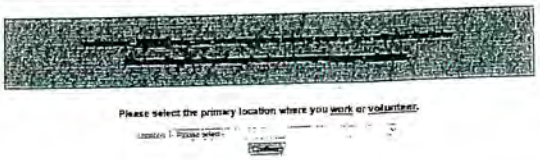
Provide all the information requested on the screen. Several fields are required, such as: First, Middle & Last Name, Email address, Home Address, City, State, Zip, Phone Number, and Date of Birth.

(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).)

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

Additionally, **enter** your title in the box provided that best describes your role within the Diocese – i.e. Catechist, Coach, DRE, Eucharistic Minister, Math Teacher, Seminarian, etc.

Click **Continue** to proceed.

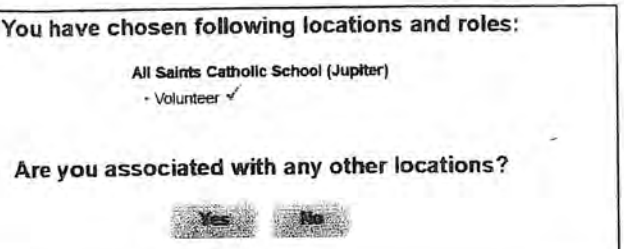
E NATIONAL CATHOLIC RISK RETENTION GROUP, INC.
VIRTUS Online™

Registration Instructions
Diocese of Palm Beach

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

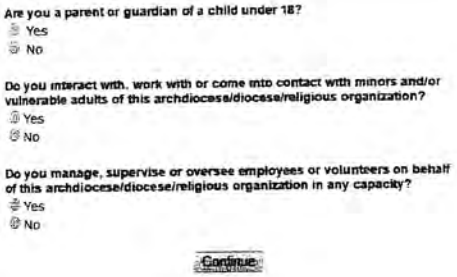
Select **YES**, if you need to add secondary/additional locations. (Follow instructions in previous step to select additional locations.)

Otherwise, if your list of locations is complete, select **NO**.



Please answer the questions presented.

Click **Continue** to proceed.

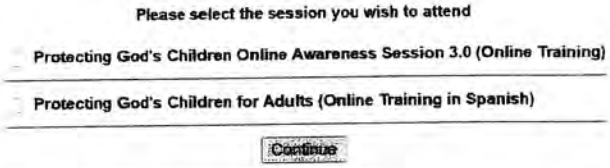


If you have **not** attended a **VIRTUS** *Protecting God's Children* session, choose **NO**.

Otherwise, choose **YES** and the system will present a list of past **classroom sessions** to select from and please choose the session you previously attended.

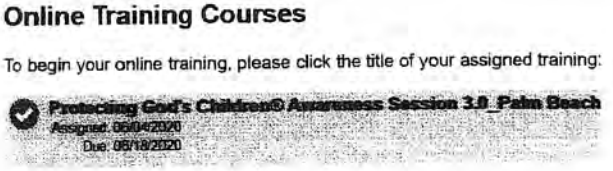
Select the Protecting God's Children online training.

Click **Complete Registration** to proceed.



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 will always have the ability to log back into your account and access the certificate.



If you have additional questions regarding the VIRTUS Online training, please contact the VIRTUS Help Desk at 1-888-847-8870.

Thank you!

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