



VOLUNTEERS AND EMPLOYEES

Saint Joseph Catholic School welcomes all parent and grandparent volunteers to our school family. In order to comply with the policies set forth by the National Council of Catholic Bishops and instituted by the Diocese of Charleston, all volunteers (and employees) are required to take the following steps before volunteering.

1. *Safe Environment Training with Safe Haven*

Under the Charter for the Protection of Children and Young People, all employees and those volunteers with access to children must complete a course in prevention education. The training program the Diocese of Charleston chooses to use is Safe Haven. Training sessions are made available online. Please go to <http://charleston.CMGconnect.org> to complete your course. Download and print your certificate when you are finished, or email it directly to kreedy@stjosdevine.com.

2. *BACKGROUND SCREENING FORMS*

All employees and volunteers over the age of 18 with regular access to children must complete a background screening packet. There are three forms within the packet that must be completed in their entirety.

3. *REVISED DIOCESAN POLICY Concerning the Protection of Minors and Vulnerable Adults and Code of Conduct for Church Personnel and Volunteers. (2022)*

All employees and volunteers must read the Revised Diocesan Policy and sign the Acknowledgement of Receipt and Agreement to Comply to the Policy. The policy is available through the Saint Joseph Catholic School website – stjosdevine.com. Once you are on the website, select For Parents and then scroll down and select Keeping Our Children Safe.

If you have any questions, please contact Kerry Reedy at (803) 254-6736 or kreedy@stjosdevine.com.

**DIOCESE OF CHARLESTON
BACKGROUND SCREENING
BASIC DATA FORM**

Forms must be completed in their entirety to be processed.

For OPCS use: Tracking #: _____

Name Parish/School/Office: _____
Location: _____
Submitted by: _____

Date: _____

Name: _____
First Middle Maiden Name Last

(Race) (Gender M/F) DOB: _____

Social Security Number: _____ Check if you do not have a SS Number: _____

Tax ID or Work ID Number: _____

Permanent Street Address: _____
Street City State Zip Code

Mailing Address if different from above: _____
P.O. Box City State Zip Code

Home Phone: _____ Cell Phone _____

email : _____

I am employed _____ or volunteering _____ with a diocesan school/parish/office? What is the title of the position? _____ - What are the job responsibilities of the position, (please be specific in your details)? _____ _____
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Number of years/months you have lived in South Carolina: Years: _____ Months: _____ Please provide any previous addresses in which you have resided for the past five (5) years: _____ _____
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Please note: A Criminal Background Check and a Sex Offender Registry Check is mandatory and will be performed on every individual submitting these forms.

A Driver's History Report or a check of your Credit History will be processed only if driving or handling money is part of your duties. If so, you must complete the appropriate form.

Form #: 2011-01

Revised: 11.09.16

Revised: 05.01.21

Revised: 03.28.22

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Reference Services, Inc. expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge that I have received multiple stand-alone documents provided to me, including the CONSUMER REPORT DISCLOSURE, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and OTHER APPLICABLE NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of consumer reports by **[Employer]** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Reference Services, Inc., 101 Plaza East Blvd., Suite 300, Evansville, Indiana 47715; Tel. # 812.474.9000; www.referenceservices.com** and/or **[Employer]**. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____
Other Names/Alias _____
Social Security #* _____ Date of Birth* _____
Driver's License # _____ State of Driver's License _____
Present Address _____ Phone Number _____
City/State/Zip _____
Email Address _____
Former Employer _____ Position _____ Dates of Employment _____

Permission to contact current employer for employment and reference verifications: Yes No

*This information (SSN and DOB) will be used for background screening purposes only and will not be used as hiring criteria.

APPENDIX II

**DIOCESE OF CHARLESTON
ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT TO COMPLY**

By signing below, I acknowledge that I have received or accessed online and have carefully read, understand and agree to abide by The Diocese of Charleston Policy Concerning the Protection of Minors and Vulnerable Adults from Sexual Abuse by Church Personnel (2022) and Code of Conduct For Church Personnel and Ministerial Standards and Guidelines For Dealing With Minors and Vulnerable Adults to protect you and those to whom you minister.

I understand that the Diocese will rely on this signed Acknowledgment of Receipt and Agreement to Comply to ensure my acceptance of and agreement to comply with all Diocesan safe environment policies, standards and guidelines. I further acknowledge that nothing in the foregoing documents or this Acknowledgement shall be deemed to constitute a contract of employment.

Printed Name

_____/_____/_____
Date of Birth

Signature

Date