



Volunteer Packet Checklist

At CKCS the overall safety of our students is important to all of us. In order to make sure that all volunteers are up to date with Diocese and school policies, **each year every volunteer is required to complete the following forms and submit them to the school office:**

- Diocese of Yakima Volunteer Application.
- Diocese of Yakima Safe Environment Policies Form.
- VIRTUS Safe Environment Training Acknowledgement.
- Oath of Confidentiality Form.
- Diocese of Yakima Permission to Procure an Investigative Criminal History Report Acknowledgement.

If you want to drive students to events, you must read the attached Transportation Policy and:

- Complete the Driver Information Sheet.
- Complete the Adult Liability Waiver.
- Complete the *Be Smart – Drive Safe (Video Only)* training and submit a copy of your completion certificate to the school office.

**Volunteers who will be working with or around students must be vaccinated.
Please Submit a Copy of your Covid-19 Vaccination Card**

Diocese of Yakima Volunteer Application

This form must be completed, signed, and returned to the school office. It will be kept on file.

Personal Information

Last Name

First Name

Middle Name

Present Address (City, State, ZIP Code)

Permanent Address, if different from present address (City, State, ZIP Code)

Phone Number

Email Address

Are you 18 years of age or older? Yes No

I am interested in volunteering with: classroom activities school events sports

Past Volunteer Activities

Have you ever volunteered for a Diocesan organization? Yes No

If yes, where and when? _____

References

Please provide two references. If you have resided in the Tri-Cities area for less than two years, provide at least one reference from your previous area of residence.

Name

Phone Number

Address (City, State, ZIP Code)

Relationship

Years Known

Name

Phone Number

Address (City, State, ZIP Code)

Relationship

Years Known

The information provided on this form is true and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in suspension of my services. I grant permission to check my background and references and release the diocese and all diocesan locations from any and all liability that may result.

I further understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and procedures and are required to undergo a state and federal criminal background check.

The undersigned further agrees that he/she is not entitled to any wages, reimbursements, or benefits from the volunteer work, including without limitation worker's compensation, unemployment benefits, medical and overtime.

The undersigned acknowledges that he/she could be injured while volunteering but agrees to seek compensation therefore from his/her own personal insurance and agrees to pay his/her own medical bills. The undersigned agrees to make no claim for any injury, harm or consequential damages for work-related injury and releases the parish and the Diocese of Yakima from all claims, demands, or causes of action arising there from.

Name: _____ Date: _____

Signature: _____

Diocese of Yakima Safe Environment Policies Form

I read the Safe Environment Policies of the Diocese of Yakima listed below and will follow them.

- Sexual Abuse of Minors by Clerics, Men and Women Religious, Seminarians, Employees and Volunteers (March 1, 2010)
- Code of Conduct for Diocesan Personnel (March 1, 2010)
- Sexual Misconduct with Vulnerable Adults (March 1, 2010)
- Regarding Harassment (September 8, 2009)

This linked document contains the policies that you must read: <https://yakimadiocese.org/wp-content/uploads/2007/02/Safe-Environment-Packet-2017-English.pdf>

Name: _____ Date: _____

Signature: _____

Role in Program: _____

VIRTUS Safe Environment Training Acknowledgement

I acknowledge that every six years I must complete VIRTUS Safe Environment Training to volunteer on an ongoing and unsupervised basis with children, youth, or vulnerable adults including, but not limited to, classroom volunteering, driving or chaperoning on a field trip, chaperoning overnight trips, or to chair an event. Initials: _____

I completed VIRTUS Safe Environment Training within the past six years. Yes No

If yes, what parish was the training was completed in: _____

If no, you must register for and attend VIRTUS Safe Environment Training, then submit proof of completion to the school office.

Registration Information

Virtus Safe Environment Training may be taken at any parish in any diocese. The class is approximately three hours long. The class at Christ the King Catholic Church provides a light dinner and free childcare upon reservation.

This in-person class only needs to be taken once. It is followed up with online modules and monthly online refreshers.

1. You will need to register online with the VIRTUS Program. This is required of all participants. Go to <http://www.virtus.org>. On the left side of the page, click the link labeled “Registration.”
2. Choose the name of your organization from the pull-down menu by clicking the downward arrow and highlighting your organization. Once your organization is selected, click “Select.”
3. Create a user ID and a password you can easily remember. This is necessary for all participants. This establishes your account within your Diocese and the VIRTUS Program. If your preferred user ID is already taken, please choose another user ID. We recommend the use of your email address as the user ID. Click “Continue” to proceed.
4. Provide the information requested on the following page. Several fields are required, such as name, address, phone number and email address. Click “Continue” to proceed.

If you do not have an email address, consider obtaining a free email account at gmail.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. This will notify your VIRTUS Coordinator that you do not have an email address.

If you do not have personal Internet access, and you are not able to obtain temporary Internet access, complete the registration process and contact your coordinator. Other options are available for your continued training.

5. Select the PRIMARY location where you work, volunteer or worship. You will be able to select additional locations later if you serve at multiple locations within your organization. Click “Continue” to proceed.
6. Your current list of locations is displayed. If you need to add an additional location, choose YES. Otherwise, choose NO.

7. Select the role(s) that you serve within your organization. Please check all roles that apply. Additionally, if you have a title within your diocese, enter it in the box, i.e., Teacher, DRE, Catechist, etc. If you do not have a title, please briefly describe what you do for the diocese. Click “Continue” to proceed.
8. Answer three YES/NO questions and then click “Continue”.
9. If you have already attended a Protecting God’s Children Session, click YES, otherwise click NO.
10. If you chose NO during the previous step, you will be presented with a list of all upcoming sessions within your organization. When you find the session you would like to attend, click the circle next to the title. If you chose YES during the previous step, skip this step.
11. If you chose YES, you will be presented with a list of all sessions that have been held within your organization. Choose the session you attended by clicking the downward arrow and highlighting the session, and then click “Complete Registration”.
12. You will see a message on your screen confirming that you have completed the registration process. If you correctly entered your email address during the process, you will receive an email confirming your information. Additionally, your coordinator may contact you via email with information regarding your continuing training status.

If you have additional questions about the registration process, please contact your session’s facilitator, your coordinator, or the VIRTUS Help Desk at 1-888-847-8870.

Oath of Confidentiality Form

I, the undersigned, hereby agree not to disclose any information or records concerning the students, vulnerable adults, staff, employees, or volunteers of Christ the King Catholic School.

During my assigned duties I may have access to information regarding student behavior patterns, academic ability, emotional maturity, health, and relationships with others. In addition, I may have access to personal information related to staff or volunteers. I agree that all discussions, deliberations, records, and information generated or maintained in connection with my activities as an employee or volunteer will be related with confidentiality.

In addition, I understand that I am required to observe strict confidentiality with respect to this information if I cease to be involved with the programs in which I am serving.

I understand that disclosure of personal or confidential information to any unauthorized person is forbidden and may be grounds for legal action, disciplinary action, or both.

Name: _____ Date: _____

Signature: _____

Role in Program: _____

Diocese of Yakima Permission to Procure an Investigative Criminal History Report Acknowledgement

An investigative criminal history report must be obtained on each volunteer every six years.

An investigative criminal history report was obtained on me within the past six years.

Yes No

If yes, when did you last complete an investigative criminal history report? _____

If you have had an investigative criminal history report obtained on you within the past six years, you do not need to complete anything else on this form.

If you have not had an investigative criminal history report obtained on you within the past six years, you must complete the remainder of this form.

School Name: Christ the King Catholic School

Applicant's Name: _____

Address: _____

Driver's License #: _____ State Issued: _____

Email: _____ Phone: _____

Date of Birth: ____ / ____ / ____ SS #: ____ - ____ - ____ Gender: M F

Please list other names used and dates of name changes in the last 10 years:

* If you do not have a Social Security number, you MUST sign the Social Security Declaration section. Failure to provide this information will result in a denial of permission to work with minors or vulnerable adults.

Please list past residences for the last ten years:

State: _____ City: _____ County: _____ Years: _____ to _____

State: _____ City: _____ County: _____ Years: _____ to _____

State: _____ City: _____ County: _____ Years: _____ to _____

State: _____ City: _____ County: _____ Years: _____ to _____

Have you ever been convicted of a crime? Yes No

If you answered yes, provide details:

Investigative Criminal History Report Authorization

In connection with my application or present employment, I understand that an investigative report may be requested that may include information regarding my court records (both civil and criminal), my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Report Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above.

Signature: _____

Witness: _____ Date: _____

Check category of ministry where you want to serve:

Priest Deacon Seminarian School Teacher Employee Volunteer

Does this position pay more than \$20,000 a year? Yes N

Social Security Declaration

I have not furnished a Social Security number on my permission form because I do not have a Social Security number.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____

Transportation Policy

Commercial carrier or contracted transportation is the most desirable method to be used for field trips and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if possible. If commercial carriers are used (i.e., commercial airlines, trains, or buses), no additional information is required.

However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish and school and the (Arch) Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 combined single limit.

Leased Vehicles

If a vehicle is leased, rented, or borrowed to transport participants to and from the event, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent. If auto coverage is provided through Catholic Mutual, contact should be made with your member services representative. Coverage cannot be automatically assumed for leased, rented, or borrowed vehicles.

Private Passenger Vehicles

If a private passenger vehicle must be used, then the following information must be supplied, and this information must be certified by the driver in question.

- The driver must be 21 years of age or older.
- The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his or her ability to drive the vehicle safely.
- The vehicle must have a valid and current registration and valid and current license plates.
- The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence.

A signed Driver Information Sheet and an Adult Liability Waiver form for each driver must be obtained prior to the event.

Each driver must be given a copy of the approved itinerary, including the route to be followed and a summary of his or her responsibilities.

Distance Limitations (for non-contracted transportation)

The daily maximum miles that can be driven for a school-related event should not exceed 500 miles per vehicle.

The maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30-minute break.

Driver Information Sheet

Driver Information

Driver's Name: _____

Address: _____

Date of Birth: _____ Phone Number: _____

Driver's License #: _____ Date of Expiration: _____

Vehicle Information

Name of Vehicle Owner: _____

Address of Vehicle Owner: _____

License Plate #: _____ Registration Expiration Date: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

If more than one vehicle will be used, information must be provided for each vehicle.

Insurance Information

Insurance Company: _____ Policy #: _____

Liability Limits of Policy*: _____ Date of Policy Expiration _____

* The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

Agent's Name: _____ Agent's Phone #: _____

In order to provide for the safety of our students or other members of the parish, school, and those we serve, we must ask each volunteer driver to answer the following questions:

- I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. True False
- I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. True False
- I have had no more than three moving violations or accidents in the last three years. True False

Please be aware that as a volunteer driver, your insurance is primary.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving students is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the correct and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any electronic device while operating my vehicle.

Signature: _____ Date: _____

Adult Liability Waiver

Release of Liability and Medical Release

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Christ the King Catholic School, Yakima Diocese, its officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip.

If I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

Emergency Contact

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to Me: _____

Phone Number: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Signature

Name: _____ Date: _____

Signature: _____

Be Smart – Drive Safe (Video Only) Training Module

To complete the Catholic Mutual Group *Be Smart – Drive Safe (Video Only)* training module, follow these instructions to create an account:

1. Go to www.cmgconnect.org.
2. Select your Diocese (Yakima) from the **Find Your Diocese** dropdown box; click the **Go to Diocese** button.
3. In the **Register for a New Account** section, enter your information on the **Account** tab; click the **Next Step** button.
4. Enter your information on the **Personal** tab; click the **Next Step** button.
5. Enter your information on the **Affiliation** tab, making sure you select the category that best describes how you will participate at CKCS. This allows the training platform to automatically assign the correct training. Click the **Register** button.

Now that you have an account and are signed in, do these steps to complete the *Be Smart – Drive Safe (Video Only)* training module:

1. From your Dashboard, in the **Optional Trainings** section, click the **Start** button for the *Be Smart – Drive Safe (Video Only)* module.
2. Watch the complete video.
3. When you are finished watching the video, click the **Dashboard** link on the left side. In the **Optional Trainings** section, find the *Be Smart – Drive Safe (Video Only)* module; click the **Print Certificate** button to view and download your completion certificate.
4. Submit your completion certificate to the school office along with the rest of your completed volunteer packet forms.

I completed the *Be Smart – Drive Safe (Video Only)* training module and am submitting a copy of my completion certificate to the school office. Yes No