

Before completing Protecting God's Children training Online, all participants must first register with VIRTUS Online.

Click on this link to access the VIRTUS Registration page:

https://www.virtusonline.org/virtus/reg_2.cfm?theme=0&org=19056



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 user names.

Click **Continue** to proceed.



Please create a user id and password that you will use to access your account

Common names like Mary and John are not good choices as they are most likely already in use. Common abbreviations like jsmith and jsmiths are also likely to already be in use. We suggest using your full name (without spaces) or email address as they are more likely to be unique.

Create a User ID:

Create a Password:

Your user id is case sensitive. We recommend that you use all lower case letters and avoid spaces and punctuation. Email addresses are ok. Your user id must be at least 8 characters long.

Your password must be at least 8 characters long.

Provide all the information requested on the screen, such as: Full First Name, Full Middle Name & Full Last Name, Email address, Home Address, City, State, Zip, Phone, Last 4 Digits of SSN, 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: nooddress@virtus.org.

Please provide the information requested below

DO NOT CLICK THE BACK BUTTON OR YOUR REGISTRATION WILL BE LOST

Full First Name: *

Full Middle Name: *

Full Last Name: *

Email: *

Home Address:

Home Address Line 2:

City: *

State: *

ZIP: *

Phone:

Last 4 digits of SSN: *

Date of Birth: *

Select the PRIMARY location where you work or volunteer by clicking the downward arrow and highlighting the location.

Click **Continue** to proceed.

Please select the primary location where you **work or volunteer**.

Primary location:

Select the role that you serve within your parish. Please check only one role that applies.

Additionally, **enter** your title in the box provided that best describes your role within the Diocese -- ie. Catechist, Coach, DRE, Eucharistic Minister, Math Teacher, Room Mom, Seminarian, etc.

Click **Continue** to proceed.

Please select the primary role that you play within your diocese

Volunteer Unpaid persons who assist the diocese and work with children or vulnerable adults.
 Educator Paid teachers, principals, and administrators in diocesan/episcopal and parish schools.
 Employee Paid persons other than priests/deacons or educational who are employed by and work directly for the diocese/eparchy or parishes/schools, such as central office/chancery/pastoral center personnel, youth ministers, parish ministers, school support staff, ministry personnel, etc.

Priest Diocesan priests/deacons in active or supply ministry, retired clerics, religious order priests/deacons in active or supply ministry.
 Seminarian/Candidate for ordination All seminarians and candidates for the permanent diaconate.
 Deacon Diocesan priests/deacons in active or supply ministry, retired clerics, religious order priests/deacons in active or supply ministry.

If you have a title within your diocese, please enter it below.
 If you do not have a title, please briefly describe what you do for the diocese.

Title or Diocesan function:

All registrants must please read the **Diocese of Madison, Policy Regarding Sexual Abuse of Minors, Sexual Misconduct and Sexual Harassment**.

To read the entire document, please scroll down to view.

Please enter your name and today's date to confirm you have read the policy and agree to the (SRA) Statement of Receipt and Agreement. (This provides an "electronic signature.")

Click **Continue** to proceed.

Diocese of Madison

Diocese of Madison, Policy Regarding Sexual Abuse of Minors and Vulnerable Adults, Sexual Misconduct, and Sexual Harassment



DIOCESE OF MADISON

Policy Regarding Sexual Abuse of Minors, Sexual Misconduct and Sexual Harassment

I agree with the statement below:

By signing this statement, I acknowledge that I have received the document A Safe Environment for All: Diocese of Madison Policy Regarding Sexual Abuse of Minors, Sexual Misconduct, and Sexual Harassment issued in 2003 (revised in 2016) and the document Diocese of Madison Code of Pastoral Conduct. I acknowledge that I have read and I understand the Policy and the Code.

Further, by signing this statement, I agree to abide by all the provisions contained in both documents. I understand that this agreement is required for me to serve in any capacity of ministry, or to be employed by or volunteer for the Diocese of Madison, its parishes, schools, institutions, offices, or programs.

I understand that failure to comply with the policy and the code subjects me to the responses outlined therein, including termination.

I hereby acknowledge receipt of the Diocese of Madison Policy Regarding Sexual Abuse of Minors, Sexual Misconduct, and Sexual Harassment and the Diocese of Madison Code of Pastoral Conduct. I agree to abide by the provisions of both.

Please enter your name and today's date to confirm you have read the above policy and agree to the (SRA) Statement of Receipt and Agreement. (This provides an "electronic signature")

Full Name (first, middle and last)*: (John D. Smith)

Today's Date*: (mm/dd/yyyy)

Click on **Begin Background Check** to be directed to the Selection.com background check secure website, if required to complete a background check.

Please now complete a background check

As part of our efforts to create and maintain a safe environment for the children and vulnerable adults of our diocese, we have chosen Selection.com® to do all our background checks.

By clicking this button, you will be directed to their secure website called Fastrax™.

You will be notified via email when your VIRTUS Online account is activated.

Once you complete your training, your account request will be reviewed by your Coordinator.

You are now within the secure website of **FASTRAX®**. Please click on **Enter Background Check** Info to proceed.

Please complete the following steps within the background check process, which includes reviewing the inquiry release, entering applicant information, a final review, and the submission of the background check. Once you close the *Fastrax* screen, you will be taken automatically to the online training course.

FASTRAX®

The Diocese of Madison welcomes you!

Protecting the children under the care of the Diocese of Madison is paramount. The parents of children at our parishes, schools and organizations have placed their trust in everyone who has contact with children. This includes not only clerics, employees and volunteers of the Diocese, but also members of religious orders and employees of other institutions that operate within the boundaries of the Diocese.

Everyone has a right to expect that we do everything possible to protect our children. Your participation in doing a background check is appreciated and we wish to thank you for doing your part to ensure the safety of our children.

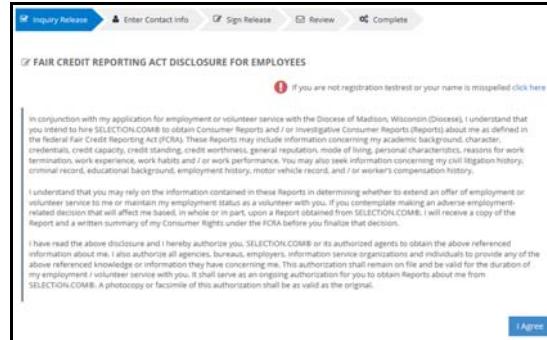


DIOCESE OF MADISON

Registration Instructions

Diocese of Madison

Please read the Fair Credit Reporting Act and then click on 'I Agree' to continue.



FAIR CREDIT REPORTING ACT DISCLOSURE FOR EMPLOYEES

In conjunction with my application for employment or volunteer service with the Diocese of Madison, Wisconsin (Diocese), I understand that you intend to have SELECTION.COMB to obtain Consumer Reports and / or investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my academic background, character, credit standing, credit worthiness, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and / or work performance. You may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle record, and / or worker's compensation history.

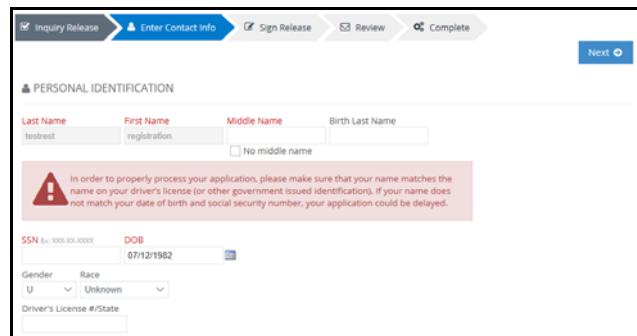
I understand that you may rely on the information contained in these Reports in determining whether to extend an offer of employment or volunteer service to me or maintain my employment status as a volunteer with you. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COMB, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, SELECTION.COMB or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment / volunteer service with you. It shall serve as an ongoing authorization for you to obtain Reports about me from SELECTION.COMB. A photocopy or facsimile of this authorization shall be as valid as the original.

I Agree

Enter the necessary fields referenced in red that have not yet been populated.

Click **Next** to proceed.



PERSONAL IDENTIFICATION

Last Name: **testrest** First Name: **registration** Middle Name: Birth Last Name:

⚠ In order to properly process your application, please make sure that your name matches the name on your driver's license (or other government issued identification). If your name does not match your date of birth and social security number, your application could be delayed.

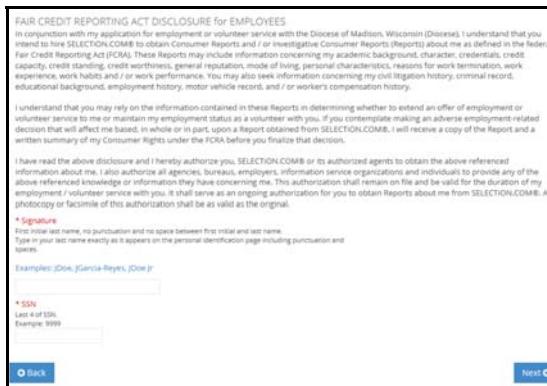
SSN Ex: 000-00-0000 DOB: 07/12/1982

Gender: **U** Race: **Unknown**

Driver's License #/State:

Review and sign the release by entering your first initial and last name, such as JDoe, and enter the last four digits of your social security number.

Click **Next** to proceed.



FAIR CREDIT REPORTING ACT DISCLOSURE FOR EMPLOYEES

In conjunction with my application for employment or volunteer service with the Diocese of Madison, Wisconsin (Diocese), I understand that you intend to have SELECTION.COMB to obtain Consumer Reports and / or investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my academic background, character, credit standing, credit worthiness, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and / or work performance. You may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle record, and / or worker's compensation history.

I understand that you may rely on the information contained in these Reports in determining whether to extend an offer of employment or volunteer service to me or maintain my employment status as a volunteer with you. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COMB, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, SELECTION.COMB or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment / volunteer service with you. It shall serve as an ongoing authorization for you to obtain Reports about me from SELECTION.COMB. A photocopy or facsimile of this authorization shall be as valid as the original.

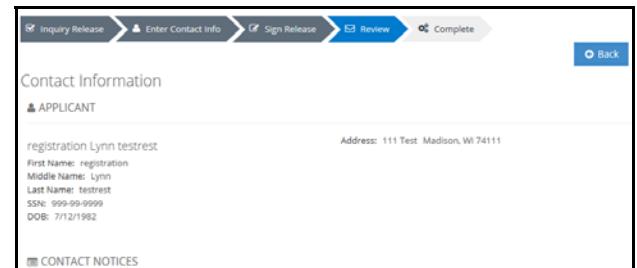
*** Signature**
First initial last name, no punctuation and no space between first initial and last name.
Type in your last name exactly as it appears on the personal identification page including punctuation and spaces.
Example: (Doe, Garcia-Reyes, (Doe Jr)

*** SSN**
Last 4 of 10: **9999**

Next

Review your information provided, and please note that you can go 'Back' as needed.

Continue to view this page.



Contact Information

APPLICANT

registration Lynn testrest

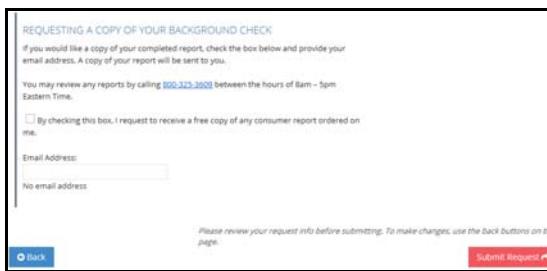
First Name: **registration**
Middle Name: **Lynn**
Last Name: **testrest**
SSN: **999-99-9999**
DOB: **7/12/1982**

Address: 111 Test Madison, WI 74111

CONTACT NOTICES

You can request a copy of your background check by checking the box and providing an email address. Please note that you also can call 800-325-3609 to request the report.

Click **Submit Request** to proceed



REQUESTING A COPY OF YOUR BACKGROUND CHECK

If you would like a copy of your completed report, check the box below and provide your email address. A copy of your report will be sent to you.

You may review any reports by calling <800-325-3609> between the hours of 8am - 5pm Eastern Time.

By checking this box, I request to receive a free copy of any consumer report ordered on me.

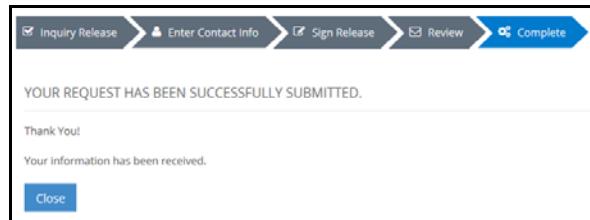
Email Address:
No email address:

Please review your request info before submitting. To make changes, use the back buttons on this page.

Submit Request

You will see where your submission was successfully submitted and that your information has been received.

Click **Close** to proceed.



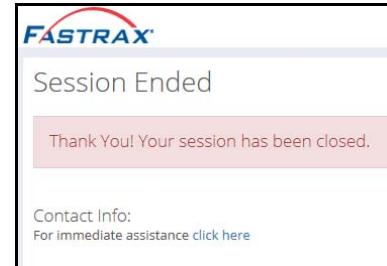
YOUR REQUEST HAS BEEN SUCCESSFULLY SUBMITTED.

Thank You!
Your information has been received.

[Close](#)

You will see where your session has ended, and you can receive immediate assistance, as needed, by clicking on this page.

Close your browser to proceed directly to the online training.



FASTRAX

Session Ended

Thank You! Your session has been closed.

Contact Info:
For immediate assistance click [here](#)

Click on the green circle to begin the **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 about VIRTUS Online training, please contact the VIRTUS Help Desk at 1-888-847-8870.

To contact the background check provider, Selection.com, please contact their helpdesk at 800-325-3609.

Thank you!

Online Training Courses

Stop: Please do not leave the VIRTUS training Module. The training needs to be completed in its entirety in this sitting, or you will lose your VIRTUS information. You must complete the VIRTUS training before you can be an employee or volunteer for the Diocese Of Madison.

To begin your online training, please click the title of your assigned training:

- Protecting God's Children® Online Awareness Session 3.0 (Spanish)
Assigned: 04/04/2018
Due: 04/10/2018

