



## Volunteer Screening

Dear Volunteer:

We have enclosed the required forms for you to complete in order to volunteer with children. Please answer all questions thoroughly. A complete packet will allow us to respond promptly to your request to volunteer. When you have completed all of the forms, please return them to our office. Go to <http://charleston.CMGconnect.org> to complete your online training. Please complete the online training within 2 week of submitting your paperwork. You will have to go the Diocesan website, [www.catholic-doc.org](http://www.catholic-doc.org) to read the new Policy.

On behalf of the staff at Summerville Catholic School, we thank you for your interest in volunteering. If you have any questions, please feel free to contact me at 843-873-9310 or email me at [zrushin@summervillecatholic.org](mailto:zrushin@summervillecatholic.org).

Kindest Regards,

Zara Rushin  
Safe Environment Coordinator

### Attachments:

- Diocese of Charleston Back Ground Screening Form
- Safe Haven Instructions
- Volunteer Receipt of the Policy concerning allegations of Sexual Abuse or Misconduct of a Minor by Church Personnel
- Volunteer Code of Conduct
- Bishop's Principle Policy

Please return the packet to the office as soon as possible for processing.

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

Forms must be completed in their entirety to be processed.

For OCPS use: Tracking #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Maiden Name or Alias

\_\_\_\_\_  
(Race)

\_\_\_\_\_  
(Sex)

Permanent Street Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address if different from above:

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Home Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ email : \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Are you currently **employed by or applying for employment** with a diocesan school/parish/office? \_\_\_\_ Yes \_\_\_\_ No

What is the title of the position for which you are currently employed or are applying? \_\_\_\_\_

What are the job responsibilities of the position for which you are currently employed or are applying for (please be specific in your details)?  
\_\_\_\_\_

Are you currently **volunteering or applying to volunteer** with a diocesan school/parish/office? \_\_\_\_ Yes \_\_\_\_ No

What is the title of the position for which you are currently volunteering or applying to volunteer?  
\_\_\_\_\_

What are the job responsibilities of the position for which you are currently volunteering or are applying to volunteer for (please be specific in your details)?  
\_\_\_\_\_

**CRIMINAL HISTORY:** A Criminal Background Check and a DSS Sex Offender Registry Check is mandatory and will be performed on every individual submitting these forms. 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:  
\_\_\_\_\_  
\_\_\_\_\_

**Please note:** 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 attached form.

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Catholic Diocese of Charleston** ("the Company") may obtain information about you from a third party consumer reporting agency for employment or volunteer purposes. This information may be obtained in the form of a "consumer report" and/or an "investigative consumer report" (commonly known as a "background report"). These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), credit history\*, verification of your education or employment history, or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about your character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that you have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (\*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.)

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report obtained with regard to applicants for employment or volunteer status is an investigation conducted by Reference Services, Inc. (RSI). RSI is located and can be contacted by mail at 101 Plaza East Blvd, Suite 300, Evansville, IN 47715, and RSI can be contacted by phone at (800)881-0754. Information about RSI's privacy policy is available at the following link: <http://www.referenceservices.com/wp-content/uploads/2013/09/RSI-Consumer-Information-Privacy-Policy.pdf>. The scope of this notice and authorization is all-encompassing and allows the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment or your volunteer/contract period to the extent permitted by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled "Disclosure Regarding Background Investigation" and "A Summary of Your Rights under the Fair Credit Reporting Act" and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, or status as a volunteer or Advisor, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, 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, IN 47715, (800)881-0754, www.referenceservices.com] and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:**

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

**California applicants only:**

Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

## BACKGROUND INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Aliases Used \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Current Address - City, State, Zip \_\_\_\_\_

Previous Address - City, State Zip \_\_\_\_\_

Previous Address - City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

**DIOCESE OF CHARLESTON  
EMPLOYEE/VOLUNTEER DRIVER APPLICATION FORM**

Parish/School/Office Name: \_\_\_\_\_

The volunteer or employment position for which I am applying:

Requires the operation of a motor vehicle with children as passengers: \_\_\_\_ Yes \_\_\_\_ No

Requires the operation of a motor vehicle without children as passengers: \_\_\_\_ Yes \_\_\_\_ No

**An applicant will be restricted from operating a motor vehicle with children as passengers if the applicant has:**

- two (2) or more moving violations within the past three (3) years - If only one (1) moving violation within the past three (3) years is discovered, you will be contacted to complete an online safe driving course before being cleared to drive
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

**An applicant will be restricted from operating a motor vehicle as part of their job responsibilities if the applicant has:**

- three (3) or more moving violations within the past five (5) years
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

If you do not meet the above criteria for driving, we encourage you to volunteer in one of our many other areas of need and reapply when your driving record meets these standards. If your job responsibilities require driving and you do not meet the criteria, please make your supervisor aware of this situation immediately. Please note: if as an employee or volunteer you are cleared to drive as part of your responsibilities and receive a moving violation at any time, you are required to report that information to the Diocesan Safe Environment Manager immediately.

Name of Driver: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ (Please attach a copy of your license) State Issued: \_\_\_\_\_

Year, Make & Model of Vehicle: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

Liability Limits: \_\_\_\_\_

(Minimum Limits of \$100,000/\$300,000 required) PLEASE ATTACH COPY OF PROOF OF INSURANCE

**Please be aware the driver's insurance is primary in any incident requiring a claim to be made.**

**Certification**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

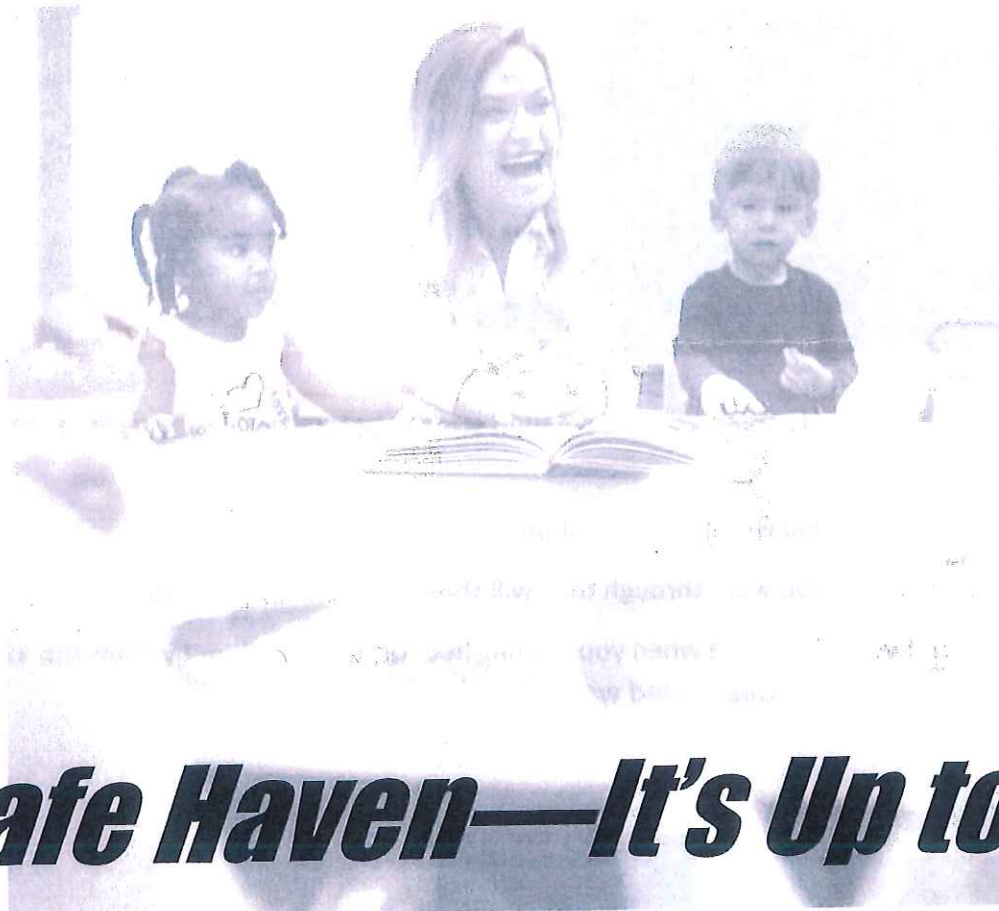
Form #: 2011-02

Revised: 02.09.12

11.09.16



# Diocese of Charleston



## ***Safe Haven—It's Up to You***

### Safe Environment Instructions:

1. Go to <http://charleston.CMGconnect.org> to complete your new online safe environment curriculum.
2. Create a new account by completing all the boxes. This includes address, primary parish, and how you participate at your parish or school.
3. Start the *Safe Haven—It's Up to You* training curriculum.
4. Download and print your certificate upon completion or, email it directly from the site to the office or school you are associated with.

**CMG CONNECT** Charleston FAQ SUPPORT Language - en ▼

Already have an account? You don't need to sign up for a new one. [Sign in Here.](#)

Welcome to CMG Connect

The Diocese of Charleston training hub

This new system will help walk you through training requirements for your organization.

If you have done training in the past and set up an account, you will use the same username and password. Please click the 'Sign In' tab in the top right corner of this screen.

If you are new to training, please set up an account. You will be asked to complete all required boxes.

Account Personal Affiliation < Prev | Next >

First name Middle name \* Last name


\* Username

\* Password \* Password confirmation

Next Step >

- You will progress through ALL three account creation screens before your registration is complete.
- On your main dashboard, you will Start Curriculum.
- Complete all sections—as you work through they will show as 'Done' in each box.
- Click the 'Dashboard' tab to download and print your certificate when you are finished, or, email it directly from the site to the office or school you are associated with.

### Required Trainings



**A. Safe Environment Program - Charleston (English)**

5 Years

Includes: Safe Haven - It's Up to You video training; Safe Haven questions; required Diocesan policy acknowledgement.

[▶ Start Curriculum](#)

### Training Overview

Training Information and results

**USCCB Role**

Question/Answer Page [Progress](#)

Safe Haven - It's Up to You Part 1

Video Page

Safe Haven Questions 1

Question/Answer Page

Safe Haven - It's Up to You Part 2

Video Page

Safe Haven Questions 2

Question/Answer Page

Safe Haven - It's Up to You Part 3

Video Page

Safe Haven Questions 3

Question/Answer Page

[Completed](#)

[Download Certificate](#)

<http://charleston.CMGconnect.org>

## DIOCESE OF CHARLESTON

### ACKNOWLEDGEMENT OF RECEIPT OF THE *POLICY CONCERNING ALLEGATIONS OF SEXUAL ABUSE OR MISCONDUCT OF A MINOR BY CHURCH PERSONNEL (2012)* AND OF THE *CODE OF CONDUCT FOR CHURCH PERSONNEL*

I, the undersigned, have fully read, understand and agree to abide by the *Policy Concerning Allegations of Sexual Abuse or Misconduct of a minor by Church personnel (2012)*<sup>1</sup> of the Diocese of Charleston.

I, the undersigned, have fully read, understand and agree to abide by the *Code of Conduct for Church personnel* of the Diocese of Charleston.

I understand that nothing in this Policy shall be deemed to constitute a contract of employment.

_____ Printed Name	_____/_____/_____ Date of Birth
_____ Signature	_____ Date
_____ Witness	_____ Date

<sup>1</sup> The *Policy of the Diocese of Charleston Concerning Allegations of Sexual Misconduct or Abuse of a minor by Church personnel (2012)* contains various rules, policies, and procedures. Many of the provisions are summaries of civil and Canon law. Such laws change from time to time. If there is a conflict in the rights and remedies between Canon law and civil law within this Policy, the Diocese of Charleston will apply that jurisprudence which reconciles the conflict. The Diocese of Charleston may find it necessary or advisable to alter this Policy from time to time. Therefore, the provisions of this Policy are subject to change by the Diocese of Charleston at any time, with or without previous notice.



## DIOCESE OF CHARLESTON CODE OF CONDUCT AGREEMENT

I, the undersigned, as a member of Church Personnel, as defined in the Policy Concerning Allegations of Sexual Misconduct or Abuse of a Minor, agree to follow this Code of Conduct. I acknowledge any action or inaction, inconsistent with the Code of Conduct, may result in my removal from any assignment, appointment, or position and/or the termination of my employment. Nothing in this Code shall be construed to interfere with a cleric's administration of the Sacraments or his Canonical obligations. Therefore, by virtue of my signature below, I WILL:

- Treat others with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Avoid situations where I am alone with minors except in administration of the Sacrament of Reconciliation.
- Use positive reinforcement rather than criticism or comparison when working with minors.
- Not accept expensive gifts from minors or their parents, without prior written approval from the parents and the pastor/administrator.
- Not give expensive gifts to minors without prior written approval from the parents and the pastor/administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and the local responsible agency (DSS or Police). I understand that if I am a mandated reporter as defined by SC law, failure to report suspected abuse to civil authorities can result in prosecution and fines.
- Cooperate fully in any investigation of abuse of minors.
- Not smoke or use tobacco products in the presence of minors in the performance of my duties.
- Not abuse alcohol in the presence of minors in the performance of my duties.
- Not use, possess or be under the influence of any illegal drugs at any time.
- Not pose any health risk to minors.
- Not strike, spank, shake or slap any minor.
- Not humiliate, ridicule, threaten, or degrade any minor.
- Not touch a minor in a sexual or other inappropriate manner.
- Not use any discipline that frightens or humiliates minors.
- Not use profanity in the presence of minors.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised: 2 April 2012



## Diocesan Policy Regarding Confidentiality and Abiding by Catholic Principles

An employee/volunteer, in the course of his/her employment and/or activities on behalf of The Bishop of Charleston, a Corporation Sole, sometimes known as the Diocese of Charleston, or the Roman Catholic Church in South Carolina (herein "Diocese"), may have access to confidential matters including, but not limited to: business and financial records, information and plans; records, information, and plans of a parish and of parishioners (including, but not limited to, census, marriage, adoption, and divorce records and information); technical information; spiritual and sacramental information; medical, legal, psychological, and emotional information; personnel records and information; plans to acquire, sell, lease, or encumber real estate and/or other property or assets; asset valuation information; development plans and information; information received by or on behalf of the Diocese in confidence; non-published telephone numbers and other private contact information; and all other proprietary and/or personal information. The employee/volunteer must maintain the strictest confidence of all such information and related materials.

All such information shall be received and treated by the employee/volunteer as confidential, will be used only by the employee/volunteer for the limited purpose authorized by the Diocese, and will not be disclosed by the employee/volunteer to anyone not expressly authorized by the Diocese to receive such information.

Further, the employee/volunteer will not make any copies, record, notes, or the like, of any information or materials of, or disclosed to him/her by, the Diocese or remove any such information from their official workplace, except as required in the course of their work duties. The employee/volunteer shall immediately return all confidential information and materials, and all other requested information and materials, to the Diocese upon the earlier of: (a) the request of the Diocese; or (b) the termination of employment with or activities on behalf of the Diocese.

Further, the employee/volunteer, at all times during the course of his/her employment, will respect and support the mission of the Catholic Church. The employee/volunteer will exhibit personal integrity, honesty and compassion and make decisions in an ethical framework consistent with the Catholic Faith, the Code of Canon Law, and the financial, personnel and employment policies of the Diocese of Charleston.

In the event the employee/volunteer violates the terms of this Policy, the Diocese shall take such disciplinary action to include termination of employment or assistance, as the diocese deems appropriate.

WITNESS

EMPLOYEE/VOLUNTEER

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print Name \_\_\_\_\_

As to the Recipient

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_