

# St. Vincent de Paul High School

## Driver Clearance

### Check List:

1. \_\_\_ Diocese of Santa Rosa Volunteer Driver Form
2. \_\_\_ Emergency Contact Form
3. \_\_\_ Confidentiality Agreement
4. \_\_\_ Volunteer Agreement Form
5. \_\_\_ Acknowledgement of Compliance and Code of Conduct for the Diocese of Santa Rosa Form
6. \_\_\_ Diocese of Santa Rosa Online Registration and Instruction for Required Online Trainings
  - Safe Haven – It's Up to You (Safe Environment Training)
  - Defensive Driving Curriculum
7. \_\_\_ Fingerprint Package
  - Ameriprints Instructions
  - Request for Live Scan Service
8. \_\_\_ TB Test receipt/documentation (must be updated every 4 years)
9. \_\_\_ Copy of Driver's License
10. \_\_\_ Declarations page of Auto Insurance

Student Last Name: \_\_\_\_\_

## DIOCESE OF SANTA ROSA VOLUNTEER DRIVER FORM

### TRIP INFORMATION

Dates of Trip: *2021-2022 School Year*      Entity: *St Vincent de Paul High School*

Purpose of Trip: *School Event/Athletic Event*

From: *School Event/Athletic Event*      To: *School Event/Athletic Event*

---

### DRIVER AND VEHICLE INFORMATION

Name of Driver: \_\_\_\_\_

Year/Make/Model/Color: \_\_\_\_\_ Lic#: \_\_\_\_\_ State: \_\_\_\_\_

Please respond to each item with a YES or NO answer.

#### YES/NO

\_\_\_\_\_ I am 25 years of age or older.

\_\_\_\_\_ I have been driving in the United States with a valid driver's license for 5 years or more.

\_\_\_\_\_ I have no physical or mental condition which would affect my ability to safely drive a vehicle.

\_\_\_\_\_ I have not had any of the following citations or convictions in the past three years:

- Operating a vehicle during a period of license suspension, revocation or forfeiture
- Driving under the influence of alcohol or drugs
- Hit and run accident
- Failure to report an accident
- Negligent homicide arising out of the use of a motor vehicle
- Using a motor vehicle for the commission of a felony
- Operating a motor vehicle without the owner's authority
- Permitting an unlicensed person to drive
- Reckless driving
- A combined total of three or more accidents and/or moving violations

\_\_\_\_\_ I am not currently on parole or probation.

\_\_\_\_\_ I own or lease the vehicle I will be driving for this trip.

\_\_\_\_\_ I have primary insurance on my vehicle with minimum coverage of: \$100,000 bodily injury per Person /\$300,000 bodily injury per accident/\$100,000 property damage per accident

\_\_\_\_\_ I understand that, in the event of an accident while on a school related activity, any claims will be tendered to my personal automobile insurance company, and my insurance are primary.

\_\_\_\_\_ My vehicle is designed to carry 10 or fewer occupants.

\_\_\_\_\_ My vehicle is in good running condition.

\_\_\_\_\_ My vehicle has a seat belt available for each occupant and seat belts will be used by every occupant and child restraints as required by law.

\_\_\_\_\_ No child 12 years of age or younger will ride in the front seat.

\_\_\_\_\_ There will be no smoking and no alcohol in the vehicle during this trip.

\_\_\_\_\_ There will be no consumption of alcohol/drugs before, during or after this trip.

\_\_\_\_\_ I will not make detours or additional errands or destinations a part of this trip.

\_\_\_\_\_ I will not use cellphones or other electronic devices while operating a motor vehicle.

**Driver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ST. VINCENT DE PAUL HIGH SCHOOL  
EMPLOYEE OR VOLUNTEER EMERGENCY CONTACT INFORMATION

Date:	
<b><u>Personal Information</u></b>	
Employee or Volunteer Name	
Address	Home Phone
City State Zip	Cell Phone
Email	Date of Birth
<b><u>Emergency Contact Information</u></b>	
Relationship	
Name of Contact	Home Phone
Address	Work Phone
City State Zip	Cell Phone
<b><u>Second Contact</u></b>	
Relationship	
Name of Contact	Home Phone
Address	Work Phone
City State Zip	Cell Phone
<b><u>Comments</u></b>	

ST. VINCENT DE PAUL HIGH SCHOOL

CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, am an employee, volunteer, and/or other at St. Vincent de Paul High School. I understand that during my relationship with the school, I may become aware of or have access to confidential information or knowledge regarding employees, students, finances, and operations.

I agree to maintain the confidentiality of information that is made available. I shall not disclose personal and/or confidential information to unauthorized individuals. I will not share or communicate it to others who are not directly involved with the administration of the school. In addition, I will not use any information I obtain for personal or professional use. I shall not modify or delete personal and/or confidential information unless authorized to do so. Information obtained orally, in writing, by electronic or any other means is subject to these strict limitations.

The terms of this Agreement, as described above, are accepted as of the date set forth below by St. Vincent de Paul High School and the undersigned.

Signature:
Printed Name:
Date:

Diocese of Santa Rosa  
Department of Catholic Schools  
Volunteer Agreement Form

Parish / School name and location

St. Vincent de Paul High School, Petaluma

Volunteer's Name \_\_\_\_\_

By signing this form, I acknowledge that I have chosen to volunteer at the Parish/ School/ Agency location named above, in the following capacity:

\_\_\_\_\_

In connection with my volunteer service, I make the following express representations:

1. I understand and acknowledge that my time and services as a volunteer are being donated by me to the Roman Catholic Church, specifically the Parish/School/ Agency location named above, without contemplation of compensation or future employment, and that I provide these services for religious, charitable, or humanitarian reasons.
2. I understand that as a volunteer I will earn no wages or benefits in connection with the volunteer services I wish to provide, and that I will not seek any such wages or benefits upon the discontinuance of my volunteer services (regardless of whether such discontinuance is initiated by me or by the Parish/School/Agency).
3. As required by law, the Diocese provides worker's compensation insurance for all volunteers. The Diocese pays the full cost of this coverage. The insurance carrier in accordance with California State Law determines the benefit amount. A volunteer uses same procedures and forms as a full-time employee. Volunteer notifies Principal immediately of an injury.

I acknowledge that I have read this agreement, have voluntarily signed it, and that no oral representations, statements, or inducements apart from the contents of this agreement have been made to me.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Parish/School/Agency Representative

\_\_\_\_\_  
Date



**Acknowledgement of Compliance with Safe Environment Requirements and  
Receipt of Code of Conduct for the Diocese of Santa Rosa**

I understand that all adults acting in a staff, faculty, ministerial or other paid or volunteer position in the Diocese of Santa Rosa are role models who are called to treat each minor with respect and care. All clergy, staff members, faculty, and volunteers serving in a paid or volunteer position must maintain professional relationships with minors both on and off parish or school property.

I acknowledge that I have completed the Safe Environment Requirements for the Diocese of Santa Rosa. I have submitted fingerprints to the California Department of Justice for review by the diocese and have completed the online safe environment training. I further acknowledge receipt of the diocesan Code of Conduct and agree to abide by it. I also acknowledge that by diocesan policy I am mandated to report any known or suspected incidents of child abuse involving school/parish/diocese personnel to both the appropriate civil authorities and the diocesan Director of the Office of Child and Youth Protection.

Activity or Event(s) in which I am involved:

---

---

---

---

Name (please print legibly): \_\_\_\_\_

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

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

**CODE OF CONDUCT FOR DIOCESAN PERSONNEL IN MINISTRY  
OR IN PASTORAL COUNSELING WITH CHILDREN AND YOUNG PEOPLE**

**MINISTRY WITH MINORS**

1. Minors are to be considered as restricted individuals. That is, they are *not* independent. Wherever they are and whatever they do must be with the explicit knowledge and consent of their parents or guardians. They are not adults and are not permitted unfettered decisions.
2. Clergy, religious, employed personnel and volunteers are to avoid all situations which place them in a position to be alone with a minor in the rectory, school or in a closed room, or alone in a vehicle, except for a priest when hearing confessions in the confessional.
3. In meeting and pastoral counseling involving a minor, excluding the Sacrament of Penance (Confession/Reconciliation), the presence or proximity of another adult is encouraged. However, where the presence of another adult is unusual or not practical (piano lessons, disciplinary meeting with an administrator, etc.):
  - another adult should know the meeting is to take place,
  - the meeting place is accessible, not secluded, well lit with clear lines of sight into the room
  - the door must be open unless there is a clear window in the door of the meeting place.
4. An unaccompanied minor is allowed only in the professional section of the rectory or parish center, but never in the living quarters.
5. Minors, age 16 and over, are permitted to work in the rectory, parish residence, school or parish facility, if two adults (over 21 years old) are present. Minors under age 16 are *not* to be hired to work in any capacity for a parish, school or diocese.
6. All adult participants in ministry with minors must comply with all diocesan safe environment policies. Clearance should be verified by the Safe Environment Coordinator for the parish/school/agency of the diocese.
7. At least two adults over the age of 21 (and one the same sex as the participants) must be present when a group of minors engage in organized events or sports activities.

Note: A young adult between the ages of 18 and 21 is not permitted to supervise minors; however, under the supervision of an adult over the age of 21 he or she can participate in a supervisory capacity.
8. Clergy, religious, employed personnel and volunteers must avoid being the only adult in a bathroom, shower room, locker room, or other dressing areas whenever minors are using such facilities.
9. Youth trips of any kind must have a minimum of two adult chaperones, at least one of whom should be of the same sex as the young people. Larger groups must have at least one adult chaperone for every eight to ten minors.
10. While on trips or program activities, the adults as well as the minors may not use alcohol or controlled substances, and anyone under the influence of such substances cannot participate.
11. While on youth trips, clergy, religious, employed personnel and volunteers are never to stay alone overnight in the same room with a minor or minors. One adult alone is not to engage in an overnight trip with a minor or minors.
12. The sacristy door is always to be open whenever minors are present within the sacristy.
13. Comments of a sexual nature are not to be made to any minor except in response to specific classroom or otherwise legitimate questions from a minor.

14. Topics or vocabulary, such as profanity, cursing, or vulgar humor, which could not comfortably be used in the presence of parish/school administrators, parents/guardians, or another adult, are not to be used in the presence of a minor/minors.
15. Clergy, religious, employed personnel and volunteers are absolutely prohibited from serving or supplying alcohol, tobacco products, controlled substances or pornographic or other inappropriate reading materials to minors.
16. Audiovisual, music (including its lyrics), internet, and print resources must be screened prior to use to ensure their appropriateness for the participants. It is not appropriate to use an "R"-rated movie without explicit written parent permission. Movies with a stronger designation are forbidden.
17. Careful boundaries concerning physical contact with minors must be observed at all times and should only occur under public circumstances. Prudent discretion and respect must be shown before touching another person in any way.
18. Clergy, religious, employed personnel and volunteers must refrain from giving regular and/or expensive gifts to children and young people without prior approval from the parents or guardian and the pastor or administrator.
19. It is never appropriate to require children and young people to keep "secrets" from their parents, police, etc. under threat of physical harm, "punishment by God", or any other threat.
20. The use of social media or electronic communication (for example Facebook, Instagram, Snapchat, texting, emails etc.) should comply with all applicable state laws and follow appropriate boundaries. Any communication with minors via social media or electronic communication should be with the express permission of parents or guardians and pertain strictly to those things related to ministry.
21. No pictures of, or personal information about minors may be posted on the internet without the express written permission of their parents or guardians.
22. Should an emergency situation arise that involves a minor, appropriate authorities are to be contacted.

#### **PASTORAL COUNSELING WITH MINORS**

1. Pastoral Counseling must take place only in the professional portion of a rectory or parish facility, never in the living quarters.
2. Offices or classrooms used for pastoral counseling must have a window in the door, or the door must be open during the counseling session.
3. Unless the subject matter precludes their presence and/or knowledge, parents or guardians of minors should be made aware of the counseling session.
4. If counseling is expected to extend beyond one session with a minor, evaluation of the situation should be made with the parents or guardians.
5. Clergy, religious, employed personnel and volunteers are responsible to recognize any personal/physical attraction to or from a minor. In such a situation the minor should be immediately referred to another qualified adult or licensed profession.
6. The Sacrament of Penance (Confession/Reconciliation) must be celebrated in the confessional or reconciliation chapel or at the designated station during a penance service.

Near violations of the Code of Conduct with minors outlined herein, must be reported *immediately* to the appropriate parish, school, civil and diocesan (*Director for the Protection of Children and Young People*) authorities, in accordance with civil law and this diocesan policy.



## **DIOCESE OF SANTA ROSA REGISTRATION**

Catholic Mutual Group

St. Vincent de Paul High School \* Petaluma

### **Required Online Trainings:**

- Employee     Volunteer     Worker/Other \_\_\_\_\_
- Safe Haven - It's Up to You (Safe Environment Training - Santa Rosa)
  - Defensive Driving Curriculum (Drivers only)
  - California Sexual Harassment Training (**Employees only**, complete only the training that is marked.):
    - Non-Supervisors
    - Managers & Supervisors

**All** volunteers, employees, workers for the Diocese of Santa Rosa are required to register and complete the **Required Online Trainings** through the **Catholic Mutual Group**. **All** volunteers, employees, workers will need to log on to the system to take their training(s) online and review the Diocesan required policies. Account Set-Up/Recovery instructions are below.

#### **RETURNING Volunteer, Employee, or Worker**

If you are already registered with the Diocese of Santa Rosa please login with your username and password from previous trainings you have taken. If you have forgotten the username or password please follow the "Forgot Username &/or Password" instructions through CMG. If the username/password instructions do not come in your "inbox" check your "spam" folder. **Please DO NOT REGISTER AGAIN!** The material in the training(s) is of a sensitive nature, please view it in a private setting.

Website address – [www.CMGconnect.org](http://www.CMGconnect.org)

Choose the Santa Rosa Diocese in the first drop down menu  
St. Vincent de Paul High School is your location

**NEW Volunteer, Employee, or Worker** If you are **new** to the system you will need to create an account. Please login and complete the required information and then go to the training. **BE SURE TO LIST YOUR PRIMARY LOCATION AS ST. VINCENT DE PAUL HIGH SCHOOL.**

Website address – [www.CMGconnect.org](http://www.CMGconnect.org) to log/in register to access this Training

Choose the Santa Rosa Diocese in the first drop down menu

Choose the "employee" or "volunteer" option

Choose St. Vincent de Paul High School as your location (not SR Diocese). Complete the training as listed in the box above.



Visit: [www.ameriprints.com](http://www.ameriprints.com) to schedule an appointment online

**\*\*Now with FOUR Sonoma and Marin County Locations to serve you\*\***

---

### **AMERIPRINTS-Rohnert Park**

**\*\*VISIT US ON  
TWITTER AND  
FACEBOOK FOR  
UPDATED OFFICE  
INFORMATION\*\***

(Behind Sherwin Williams Paint Store)  
5685 Redwood Dr. STE 101  
Rohnert Park, CA. 94928  
(707)588-9866

**Monday - Friday:**

9am - 6pm

**Saturdays**

9am-2pm

**\*\*WALK-INS WELCOME\*\***

---

### **AMERIPRINTS-Santa Rosa**

(Across from Sam's Cafe)

2675 Cleveland Avenue STE 7  
Santa Rosa, CA. 95403  
(707)588-9866

Monday, Tuesday, & Thursday ONLY

**APPOINTMENTS ONLY**

**Call or visit our website:**

[www.ameriprints.com](http://www.ameriprints.com)

---

### **AMERIPRINTS-Petaluma**

(Off N. McDowell)

963 Transport Way #4  
Petaluma, Ca. 94954  
(707)588-9866

Monday & Wednesday ONLY

**APPOINTMENTS ONLY Call**

**or visit our website:**

[www.ameriprints.com](http://www.ameriprints.com)

---

### **AMERIPRINTS-San Rafael**

4040 Civic Center Dr. STE 200  
San Rafael, CA. 94903  
(707)588-9866

Monday & Wednesday 9am-2pm

**APPOINTMENTS ONLY**

**Call or visit our website:**

[www.ameriprints.com](http://www.ameriprints.com)

---



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A3005 \_\_\_\_\_ VOLUNTEER \_\_\_\_\_  
ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

SCHOOL VOLUNTEER \_\_\_\_\_  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

Roman Catholic Bishop of Santa Rosa \_\_\_\_\_ 00758 \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

P.O. Box 1297 \_\_\_\_\_ Julie Sparacio \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_

Santa Rosa \_\_\_\_\_ CA 95402 \_\_\_\_\_ (707)566-3308 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name: (AKA or Alias) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_

Sex  Male  Female

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Billing Number \_\_\_\_\_

Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Misc. Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

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

Your Number: SVdPHS \_\_\_\_\_ Level of Service:  DOJ  FBI \_\_\_\_\_  
OCA Number (Agency Identifying Number) \_\_\_\_\_ (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number \_\_\_\_\_

#### Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

## TB Test Screenings

St. Vincent de Paul High School's TB screening test requirement is every four years. Please submit a copy of your TB test screening dated within three years of date of employment or volunteering. The cost of this test varies. This cost is the responsibility of the employee, volunteer, vendor, independent contractor etc.

Thank you.

**Please contact your health care provider  
to receive information on obtaining a TB test.**

Here are a few resources for TB test screenings. These resources are subject to change without notice. Please verify current availability by contacting the location directly.

**Community Immunization Clinics & Clinical Services in Sonoma County.** TB Skin Testing available at community health centers; call clinics for details. (Listing on reverse.) TB skin tests are also available at other locations in Sonoma County, visit: [www.sonoma-county.org/tb](http://www.sonoma-county.org/tb).

**Marin County Health & Human Services** offers TB testing. Please visit: <https://www.marinhhs.org/tuberculosis-control-program> for details.

Some **CVS Pharmacy's** offer a Minute Clinic. Visit [www.cvs.com/minuteclinic](http://www.cvs.com/minuteclinic). Click on Services, then Wellness & Physicals, & then TB test. You can search to see if there is a CVS Pharmacy Minute Clinic available in your area.