



# ST. VINCENT DE PAUL HIGH SCHOOL

ENTER TO LEARN, LEAVE TO SERVE

## 2022-23 Parent Volunteer Application

Thank you for supporting the students of St. Vincent de Paul by volunteering this year. Completed applications should be turned into Parent Meeting or can be delivered to SVHS Front Office Attn: Lisa Jepsen.

Every piece must be received by Mrs. Jepsen prior to volunteering. That means you can't drive players or volunteer on campus until the completed application is received.

If there is anything you aren't clear about or you can't remember if you need to update any part of your application as a returning parent, please contact Lisa Jepsen at [LJepsen@svhs-pet.org](mailto:LJepsen@svhs-pet.org) or call her at 707-763-1032 x148.

### Volunteer Check List:

1. \_\_\_ St. Vincent de Paul (SVHS) Volunteer Emergency Contact Information Form
2. \_\_\_ SVHS Confidentiality Agreement
3. \_\_\_ Diocese of Santa Rosa (DSR) Volunteer Agreement Form
4. \_\_\_ DSR Registration (Online Registration & Training Instructions)
  - a. Safe Haven - It's Up to You
  - b. Defensive Driving Curriculum (Drivers only - but a good idea!)
5. \_\_\_ DSR Acknowledgement of Compliance and Code of Conduct
6. \_\_\_ Fingerprint Package
  - a. Request for Live Scan (Bring this with you to the Live Scan Appointment)
  - b. Ameriprints Instructions
7. \_\_\_ DSR Volunteer Driver Form (Drivers only - but a good idea!)
8. \_\_\_ Copy of Driver's License and Auto Insurance Declarations Page (Driver's only)

We could not make all the opportunities for our students happen without parent volunteers. Your participation is crucial to your student's high school experiences.

**THANK YOU MUSTANG PARENTS!**



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

**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.

**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.

Any 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.



**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/diocesan 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:

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

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

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



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INFORMATION\*\***

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(Off N. McDowell)

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Petaluma, Ca. 94954

(707)588-9866

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### REQUEST FOR LIVE SCAN SERVICE

**Applicant Submission**

ORI (Code assigned by DOJ) A5748 Authorized Applicant Type VOLUNTEER

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

**Contributing Agency Information:**

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

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

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

**Applicant Information:**

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box 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



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170

## VOLUNTEER DRIVER FORM

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

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

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

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

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

*(Minimum Limits of \$100,000/\$300,000 Required)*

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

- |  | <u>TRUE</u> | <u>FALSE</u> |
|--|-------------|--------------|
| 1. 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.            | _____       | _____        |
| 2. 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. | _____       | _____        |
| 3. I have had no more than three moving violations or accidents in the last three years.   | _____       | _____        |

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

Thank you for helping us with our transportation needs.

### Certification

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry 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 25 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 agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date