



ST. VINCENT DE PAUL HIGH SCHOOL

ENTER TO LEARN, LEAVE TO SERVE

2023-24 Parent Volunteer Application

Thank you for supporting the students of St. Vincent de Paul by volunteering this year.
Completed applications should be turned into 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 or call her at 707-763-1032 x148.

Volunteer Checklist:

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. ____ Volunteer Release and Waiver Form
5. ____ DSR Registration (Online Registration & Training Instructions) **MUST BE DATED AFTER JULY 1, 2023 FOR BOTH NEW & RETURNING PARENT VOLUNTEERS**
 - a. Safe Haven - It's Up to You
 - b. Defensive Driving Curriculum (Drivers only - but a good idea!)
6. ____ DSR Acknowledgement of Compliance and Code of Conduct
7. ____ Fingerprint Package - **ONLY NEEDED FOR FIRST TIME PARENT VOLUNTEERS**
 - a. Request for Live Scan (Bring this with you to the Live Scan Appointment)
 - b. Ameriprints Instructions
8. ____ DSR Volunteer Driver Form & Private Vehicle Use (Drivers only - but a good idea!)
9. ____ Copy of Driver's License
10. ____ 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
EMPLOYEE OR VOLUNTEER EMERGENCY CONTACT INFORMATION

Date:

Personal Information

Employee or Volunteer Name

Address

Home Phone

City State Zip

Cell Phone

Email

Date of Birth

Emergency Contact Information

Name of Contact

Home Phone

Address

Work Phone

City State Zip

Cell Phone

Second Contact

Name of Contact

Home Phone

Address

Work Phone

City State Zip

Cell Phone

Comments

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

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ ("Volunteer") releases _____ ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. **Insurance:** Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. **Assumption of Risk:** I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to _____ involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. **Photographic Release:** I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. **Safe Environment, Code of Conduct, & Vehicle Safety:** I understand that my voluntary participation is based on the needs of the Nonprofit and in accordance with the Diocese of Santa Rosa Safe Environment, Code of Conduct, Vehicle Safety, and other relevant volunteer policies.
7. **Proprietary & Confidential Information:** I understand that I may be privy to sensitive or private information as a volunteer in order to perform my duties. I agree that I will protect the confidentiality of all sensitive information and will not disclose such information to friends, relatives, co-workers or anyone else except as permitted by the Nonprofit in order to conduct my volunteer work.
8. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature of Volunteer (Or parent/guardian if under 18)

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

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 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 SCHOOL WORKERS
*DIOCESE OF SANTA ROSA 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 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 motel/hotel 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.

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/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: _____



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, or by mail at:

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



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A5748

ORI (Code assigned by DOJ)

VOLUNTEER

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

Agency Authorized to Receive Criminal Record Information

00758

Mail Code (five-digit code assigned by DOJ)

P.O. Box 1297

Street Address or P.O. Box

Julie Sparacio

Contact Name (mandatory for all school submissions)

Santa Rosa

CA

95402

City

State

ZIP Code

(707)566-3308

Contact Telephone Number

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)

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

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

(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



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

AMERIPRINTS-Rohnert Park

(Behind Sherwin Williams Paint Store)

5685 Redwood Dr. STE 101

Rohnert Park, CA. 94928

(707)588-9866

Monday - Friday:

9am - 6pm

Saturdays

10am-3pm

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

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

AMERIPRINTS-Santa Rosa

(Across from Sam's Cafe)

2675 Cleveland Avenue STE 7

Santa Rosa, CA. 95403

(707)566-1929

APPOINTMENTS ONLY

Call or visit our website:

www.ameriprints.com

AMERIPRINTS-Petaluma

(Off N. McDowell)

963 Transport Way #4

Petaluma, Ca. 94954

(707)588-9866

APPOINTMENTS ONLY

Call or visit our website:

www.ameriprints.com

AMERIPRINTS-San Rafael

4040 Civic Center Dr. STE 200

San Rafael, CA. 94903

(707)588-9866

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Call or visit our website:

www.ameriprints.com

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- We also offer:**
- Mobile Services (by appointment - for all size groups)
 - Hard Card Ink Fingerprinting at all of our locations
 - Notary Public Services*
 - Passport Photos*

FBI Channeling services for DOCE and NFUF Federal Background Checks within minutes

***Rohnert Park and Santa Rosa Locations ONLY**

ST. VINCENT de PAUL HIGH SCHOOL
PROCEDURE FOR FILLING OUT LIVE SCAN FORM
VOLUNTEERS

The purpose of this procedure is to give you step by step instructions for filling out the "Request for Live Scan Service" form:

Request of Live Scan Service

Type of application

1. ORI: "A5748"
2. Type of Application: "Volunteer"
3. Job title or Type of License, Describe what you are volunteering to do such as coach.

Agency Address Set Contribution Agency:

4. Agency authorized to receive criminal history information:
Roman Catholic Bishop of Santa Rosa:
P.O. Box 1297
Santa Rosa CA 95402
5. Mail Code "00758"
6. Contact name: Julie Sparacio
7. Contact Telephone: 707-566-3308.

Applicant Information

8. Name of Applicant: Last name, First Name, MI
Alias: Last Name, First Name, if applicable
Date of Birth
Sex Male or Female
Height and Weight (Please tell the truth)
Eye Color: and Hair Color
Place of Birth
SOC: Social Security Number
Driver's License No.
9. Misc. No. BIL - : 141906
10. Home Address
Street, City
State and Zip Code
11. Your Number: "St. Vincent H.S".
12. Level Service: mark only the "DOJ"
13. If resubmission, list Original ATI no. Leave Blank
14. Employer Name, Street Address, City, State and Zip Code

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

PRIVATE VEHICLE USE APPLICATION

Vehicle:

Year	Make	Model

Vehicle Identification Number: _____

License Plate #: _____ State: _____ Expiration: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Automobile Insurance Company: _____

Agent's Name: _____ Phone: _____

PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE.

THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000/\$300,000.

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY.

This certifies that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. 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 used to transport others. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date _____

Thank you for helping us with our transportation needs!