

St. Thomas More Catholic School
Child Protection Requirements
Volunteers

Thank you for volunteering at STM. The safety of our children is very important at our school. STM abides by all requirements of the United States Conference of Catholic Bishops. This organization instituted the Safe Environment Program for the prevention of child abuse. This program mandates that all volunteers and employees of Catholic schools and parishes complete the following:

1. Child Protection training ("Safe in Place")
2. Completion of the Diocesan application
3. Background check and fingerprinting
4. Signed acknowledgement of the Code of Ethics
5. Signed acknowledgement of the Internet and E-mail Policy

To view the child protection video presentation called "Safe in Place", go to www.safeandsacred-diobr.org. You will need to create a user ID before you will be able to view the presentation. You will take a brief quiz after viewing. Upon successful completion of the quiz, a certificate will display that you need to print and submit to Dale Oufnac in the school office.

To view the Code of Ethics policy, go to www.diobrocyp.org. Click on "Certification Requirements" (left side of screen); scroll down and on the right side click on "Code of Ethics". You will not need to print the acknowledgement form as one is included in the packet for you.

There is a \$26 fee associated with the background search and a \$10 fee for fingerprinting. You will need to bring two money orders or two cashier checks with you to the LASP Department. LASP Department will not take a personal check or cash. Take the two attached LASP pages with you to LASP on Independence Blvd.

Checklist

- _____ Safe in Place Video
- _____ DBR Application
- _____ Background Search - fingerprinting
- _____ Code of Ethics
- _____ STM Internet Policy

All of the above requirements must be completed before any adult may begin volunteering or working in a Catholic school or parish.



Catholic Diocese of Baton Rouge Application for Employees & Volunteers

Please answer all questions and fill in all appropriate blanks. Items that have an asterisk (*) have to be answered in order for the application to be complete and a background check run.

Main Application		
*Name:	_____	_____
	First	Middle Last
*Street Address:	_____	
*City/State/Zip:	_____	_____
	City	State Zip
*Civil Parish:	_____	
*Length of current address	_____ Years	_____ Months
*Home Phone:	_____	_____
	Area Code	Number
Work Phone:	_____	_____
	Area Code	Number
Cell Phone:	_____	_____
	Area Code	Number
Email Address:	_____	

Example Diocese Questionnaire	
Please specify your parish membership, if not a member, please leave blank:	

If you are a member, please specify for how long: _____	
	Years Months
*Type of Application:	_____
	Employee Volunteer
*Are you the parent of a child under 18? _____	yes no
*What position do you currently hold (or for which you are applying)?	_____
*What interests you about the position you currently hold (or for which you are applying)?	_____
*What has prepared you for the position that you currently hold (or for which you are applying)?	_____

Residential History

_____ Check here if you have lived in your current residence for longer than 5 years. *If checked, proceed to next section.*

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date: _____ End Date: _____			
Beg. Date: _____ End Date: _____			
Beg. Date: _____ End Date: _____			

Employment History

_____ Check here if you have no employment history. *If checked, proceed to next section.*

Start with current employer & indicate employment history for the last 5 years. If current employer, list end date as current.

Dates of Employment (mm/yyyy)	Company Name & Address (City, State, Zip-if known)	Immediate Supervisor's Name & Phone Number	Position Held/Job Description	Reason for Leaving Position
Beg. Date: _____ End Date: _____				
Beg. Date: _____ End Date: _____				
Beg. Date: _____ End Date: _____				

Educational History

_____ Check here if you have no educational history. *If checked, proceed to next section.*

Educational history should include high school and forward. If currently enrolled in a program. List end date as current.

Dates (mm/yyyy) (Start with most recent)	School Name and Address (City, State, Zip-if known)	Type of School (high school, college, university, etc)	Name of Degree or Program	Program Completed? (Y/N)
Beg. Date: _____ End Date: _____				
Beg. Date: _____ End Date: _____				
Beg. Date: _____ End Date: _____				

Volunteer History

_____ Check here if you have no volunteer history. *If checked, proceed to next section.*

Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, list end date as current.

Dates (mm/yyyy) (Start with most recent)	Organization (City, State)	Contact	Contact Phone Number	Position/Duties
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

References

*Reference Name (First/Last)	*Address (City, State, Zip)	*Daytime Phone (including area code)	Years Known	Agreed to be a reference? (Y/N)
Professional/Civic				
Personal				

Confidential Background Check Information

Please note: Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence.

* _____ Yes _____ No Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain (use back of application if needed):

Social Security Number: _____

Driver's License: State _____ Number _____

*Date of Birth: Month _____ Day _____ Year _____

*Gender: Male _____ Female _____

* _____ Yes _____ No Have you changed your last name in the past 5 years?

If yes, what was your previous last name? _____

* _____ Yes _____ No At any time during the past 5 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?

*If yes, what state did you live in? _____

Declarations

The Catholic Diocese of Baton Rouge appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read and initial each of the statements below.

- _____ * I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.
- _____ * I hereby authorize the Catholic Diocese of Baton Rouge to conduct a personal and professional background check for the purposes of my application at the Catholic Diocese of Baton Rouge. The Catholic Diocese of Baton Rouge may contact any references, past and current employers, church, youth organizations or agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the Catholic Diocese of Baton Rouge's contact with the individuals for purposes of employment or volunteer services.
- _____ * I also hereby give complete permission for the Catholic Diocese of Baton Rouge to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my employment or volunteer services.
- _____ * I understand that a criminal background check will be conducted prior to and during my service. I authorize investigations of all statements contained in the application.
- _____ * I agree to observe all of the Catholic Diocese of Baton Rouge guidelines and policies for the program in which I am applying.
- _____ * I understand that the Catholic Diocese of Baton Rouge has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the Catholic Diocese of Baton Rouge cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- _____ * I understand that I can withdraw from the application process at any time.
- _____ * I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform the Catholic Diocese of Baton Rouge of the contents of a sealed criminal record will result in the automatic denial of the application.
- _____ * I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by the Catholic Diocese of Baton Rouge. I have also read and understand the above stated information within this release and am signing below of my own free will.
- _____ * My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements.

*Applicant Signature _____ *Date: ____/____/____

Selected Sites

Please indicate the city and the name of the parishes/schools with which you would like this application to be registered. At least one should be entered.

*City Where Parish is Located	*Name of Parish/School

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE. (Cashier Check, Business Check or Money Order)

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY**
****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****

Diocese of Baton Rouge/St. Thomas More
AGENCY, FACILITY OR INDIVIDUAL

Dale Oufnac
AGENCY, FACILITY OR INDIVIDUAL AUTHORIZED REPRESENTATIVE

P.O. Box 2028
MAILING ADDRESS

Dale Oufnac
SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, LA 70821
CITY STATE ZIP CODE

(225) 275-2820
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

oufnacd@stmbr.org
AGENCY, FACILITY OR INDIVIDUAL E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> AUTHORIZED AGENCY | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> CASA | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> RIGHT TO REVIEW |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> VENDOR |
| <input type="checkbox"/> LA PHYSICAL THERAPY BOARD | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | <input type="checkbox"/> WHOLESALE DRUG DISTRIBUTORS |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input checked="" type="checkbox"/> WORKING WITH CHILDREN |

APPLICANTS FULL NAME: _____
****PRINT - USE INK****
LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH: ____ / ____ / ____

ID or DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. **DPSSP 6696**

Revised 01/2011

ATN# _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
 P.O. BOX 66614 (MAIL SLIP A-6)
 BATON ROUGE, LA 70896

LSPAPP3/R09.10

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE
INCOMPLETE FORMS WILL NOT BE
PROCESSED

NAME

_____/_____/_____
DATE OF BIRTH

_____/_____
RACE/SEX

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT AREQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW

Diocese of Baton Rouge
Code of Ethics Acknowledgement

I have read the *Code of Ethics and Behavior for Adults who Minister with Minors* given to me for the Diocese of Baton Rouge.

I understand the Code of Ethics and agree to abide by the guidelines listed therein.

Volunteer/Employee Signature

Date

This statement is to be returned and placed in the personnel or volunteer file.

**DIOCESE OF BATON ROUGE
INTERNET AND E-MAIL POLICY**

St. Thomas More Catholic School realizes that electronic mail (e-mail) and Internet services are important assets to both the school and the employee. The school provides both e-mail and Internet services for employees to help facilitate the functioning of school work. However, such e-mail and Internet systems, *including* their contents, are considered to be the property of the school and to be used for business purposes. As such, the school reserves the right to monitor the use of both e-mail and Internet services. Messages created, sent, or received using the school's e-mail system are the property of St. Thomas More Catholic School and may be subject to access and disclosure. Improper use of these systems may result in legal claims against both the employee and the school and may result in disciplinary action, including termination, against the offending employee.

Use of the school e-mail and the Internet system is permitted for personal use if it is infrequent and occasional, however, such messages are property of the school. Because the e-mail, website content, and all related material are property of the school, the school may access this material without notice and there is no expectation of privacy in this material. The school e-mail and Internet system shall not be used to solicit any commercial ventures, religious or political causes, outside organizations, or other non-job related solicitations. In addition, the school e-mail and Internet systems are not to be used to view or create any offensive or disruptive messages. Offensive or disruptive messages include those that contain sexual connotations, racial slurs, gender-specific comments, or any other comment that offensively addresses someone's age, gender, sexual orientation, religious or political beliefs, national origin, or disability. The Internet and e-mail system are not to be used for any chatrooms, games, pornographic, or otherwise inappropriate or unlawful sites. The e-mail and Internet system are also not to be used to send/upload or receive/download any materials or information without the prior authorization of the school. Downloading templates, updates to software, and other downloads related to an employee's work are an exception to the download prohibition, unless there is a question as to the download's effect on the school e-mail and Internet system. Any employees who discover a violation to this policy are responsible for notifying school administration immediately. Any employee who is in violation of this policy or uses the e-mail and/or Internet system improperly may be subject to discipline up to and including dismissal.

THUS DONE AND SIGNED on this _____ day of _____, _____

EMPLOYEE'S SIGNATURE

PRINT NAME