

# VOLUNTEER REQUIREMENTS

*School Parents: All parents who pay the volunteer tuition rate must meet the volunteer requirements.*

**Anyone** volunteering for either St. Paul's Catholic School or Parish, at **any** event where children are present, must meet the following requirements.

**STEP ONE:** (Forms are required to be done every five years.)

Complete Diocese of St. Augustine Criminal Background Check and VECHS Waiver Agreement and Statement and return it prior to Live Scan appointment.

School parents submit forms to the school office to the attention of Stephanie Thomas.

**STEP TWO:** (Fingerprints are required to be done every five years.)

Set up Live Scan appointment at location of choice by accessing one of the websites below.

## **Morpho Trust USA**

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

Fee: \$51.00

(Closest location San Pablo and Beach Blvd.)

VECHS Number: 16040011

## **Fieldprint, Inc.**

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

Fee: \$43.50

(Located in the Arlington and Baymeadows areas)

Code: FPStAugustineVol (case sensitive)

**STEP THREE:** (You are required to take this workshop only once.)

Attend Protecting God's Children Workshop.

Go to [www.virtus.org](http://www.virtus.org) to register for a convenient time and location.

School parents, when workshop is completed, submit a copy of the certificate to the school office to the attention of Stephanie Thomas.



# Diocese of St. Augustine History Screening

Please type or Print clearly all information in black or blue ink. Submit as two pages.

This information is being submitted in connection with for check one:

Employment service or  Volunteer service

Circle One: Parish / Mission / School / Ministry

Write Name of Location: \_\_\_\_\_

Job Title / Duties \_\_\_\_\_

Name

\_\_\_\_\_  
Last First Middle (Maiden)

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

Race \_\_\_\_\_ Sex \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Have you lived outside the United States during the most recent consecutive 5-year period?  No  Yes

If yes,

Country \_\_\_\_\_ Dates \_\_\_\_\_

Reason for living outside of the United States:  Military Assignment  Education  Other \_\_\_\_\_

If you have lived outside of the United States during the most recent consecutive 5-year period, you may be required to submit to an international history screening prior to beginning employment or service in the diocese.

Have you ever been convicted, entered a plea of "no contest", had prosecution deferred or adjudication withheld for any crime, except a minor traffic violation?  No  Yes

If yes, please give dates and a full description \_\_\_\_\_

I hereby state that all of the information on this form is true and complete. I understand that this request will be used to conduct a history screening to determine my suitability for service with the Diocese of St. Augustine. I understand that my service with the Diocese of St. Augustine may be terminated if any such information is later found to be false or incomplete.

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

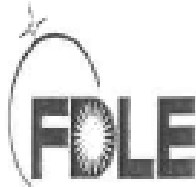
### For Diocesan Office Use Only

Date Processed: \_\_\_\_\_ Comments: \_\_\_\_\_

- Employee
- Retention list
- Volunteer (only)
- Denied

Authorized Signature \_\_\_\_\_

Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau



**VECHS WAIVER AGREEMENT AND STATEMENT**  
Volunteer & Employee Criminal History System (VECHS)  
for Criminal History Record Checks  
under the National Child Protection Act of 1993, as amended,  
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize the Diocese of St. Augustine to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity) (Year of Request)

I \_\_\_ have OR \_\_\_ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_ do OR \_\_\_ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

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

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

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

Date of Birth: \_\_\_\_\_

**PLEASE RETURN TO QUALIFIED ENTITY:**

Entity Name: Diocese of St. Augustine  
Safe Environment Office

Address: 11525 Old St. Augustine Road  
Jacksonville, FL 32258

Telephone: 904-262-3200

**ORIGINAL - MUST BE RETAINED BY THE DIOCESE OF ST. AUGUSTINE**