



SERVING AT ST ELIZABETH ANN SETON ROMAN CATHOLIC CHURCH

Thank you for your willingness to give of your time and talent!

Our vibrant parish community thrives on the dedication of our staff and the active participation of many individuals like you, all working together for the greater honor and glory of God.

Getting Started – Step by Step Instructions and Checklist

_____ Begin with the CMG Connect Training <https://lasvegas.cmgconnect.org>

_____ Once you have finished the CMG Connect Training, please email Van Dube at vdube@seaslv.org to schedule your fingerprinting appointment and receive the necessary documents..

After you have been fingerprinted and a background check has been initiated:

1. A volunteer coordinator will periodically update you on your status via telephone or email.
2. Once you have become an “Approved Volunteer”, whether it's via email from the Archdiocese of Las Vegas, the volunteer coordinator, or Van Dube, you are cleared to volunteer!
3. Reach out to the ministry you wish to serve to get started.
4. Should you have any questions, please reach out to Van Dube at vdube@seaslv.org or the ministry department you wish to serve!

Thank you for becoming a “Co-Worker in the Vineyard” at St Elizabeth Ann Seton!

For the safety of our volunteers, parishioners, and everyone we serve, the Archdiocese of Las Vegas has established the following requirements:

- 1. Volunteers aged 18 and over must complete a one-hour online training program known as CMG Connect. This training aims to identify sexual predators and foster a safe environment. *(The training includes videos that discuss sexual abuse and grooming behaviors. If these topics might cause distress due to personal trauma, please reach out to the Archdiocese of Las Vegas at (702) 235-7723 or a trusted parish or school staff member to address your concerns.)***
- 2. Volunteers aged 18 and older are required to undergo fingerprinting and a background check.**
- 3. For minor volunteers, the Archdiocese of Las Vegas mandates that parents complete a Parent/Guardian Consent Form and Liability Waiver, available at the department office where you wish to serve.**

Begin by completing the CMG Connect Training at <https://lasvegas.cmgconnect.org> (refer to the attached flyer).

After completing the CMG Connect Training, fingerprinting and background check are provided at SEAS free of charge. To arrange your fingerprinting session and obtain the necessary documents to fill out and bring to your appointment, please reach out to Van Dube at vdube@seaslv.org .

Please Note that fingerprint processing by the State of Nevada may take 4-6 weeks. You will be considered an "Approved Volunteer" only after we receive this notification.

CMGConnect

DIOCESE OF LAS VEGAS



Safe Environment Training

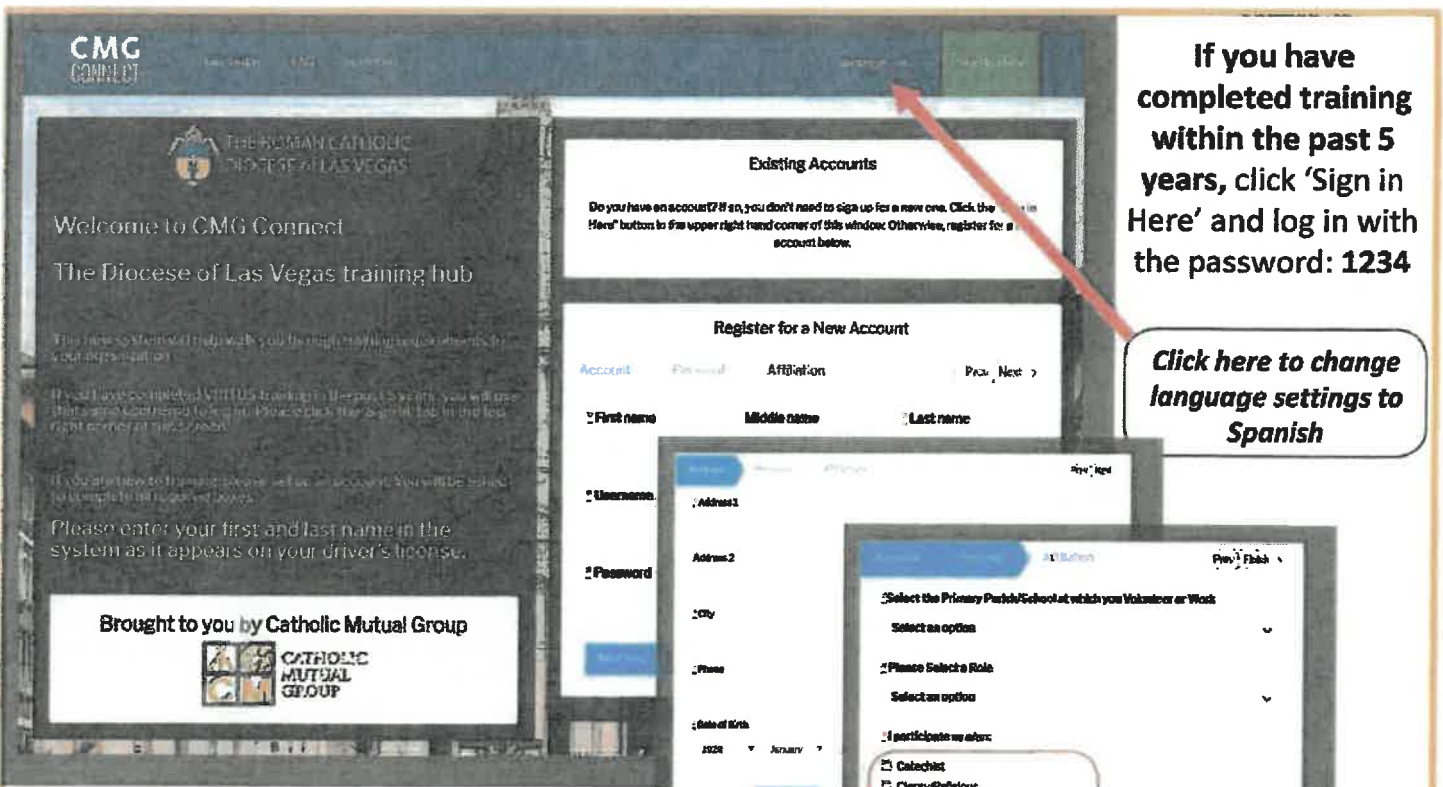
Getting Started:

1. Go to <https://lasvegas.cmgconnect.org/>
2. **If you completed training within the past 5 years**, sign in with your previous username and the password: **1234**. *Update your password under the 'Edit Profile' tab after logging in.*
3. **If you are new to training or your training was more than 5 years ago**, create a new account by completing all the boxes under "Register for a New Account." This includes address, primary parish, and how you participate at your parish or school. If you have questions please contact your parish/school coordinator. *Please enter your first and last name in the system as it appears on your driver's license so your fingerprint results can be correctly associated with your account!*
4. Your main learning dashboard will show you all of the requirements and optional training curriculums that have been customized for your particular role within the Diocese.
5. Click 'Start Curriculum' for the Safe Environment Training.
6. Once training is completed, you can access your completion certificate by returning to the training dashboard and clicking 'Download Certificate'.

For more information, please use your FAQ or Support tab at the top of the screen.



CATHOLIC
MUTUAL
GROUP



If you have completed training within the past 5 years, click 'Sign in Here' and log in with the password: 1234

Click here to change language settings to Spanish

• You will progress through ALL three account creation screens before your registration is complete. If you are unsure of what role to select for your participation category, please contact the diocese.

• On your main dashboard, you will click 'Start Curriculum' for the Safe Environment Training

• Complete the training sections—as you work through they will be marked as **Done** in each box.

• When finished, click the 'Dashboard' tab on the left side of your screen to return to your training options.

• Access your certificate by locating the completed curriculum on your dashboard and clicking the gray 'Download Certificate' button.



<https://LasVegas.CMGconnect.org/>



Instructions and Forms to complete for Background Check and Fingerprinting:

1. Dioceses of Las Vegas Volunteer Application (3 pages)
2. Nevada Department of Public Safety – Volunteer and Employee Criminal History (VECHS) Applicant Waiver Agreement and Statement (1 page)
3. Nevada Department of Public Safety - Fingerprint Background Waiver (2 pages)

IMPORTANT! Before you complete the forms, please note:

- Use **ONLY** a Black Ink Pen
- Except for your signature, **ALL NAMES MUST BE PRINTED AND MATCH THE PHOTO IDENTIFICATION WHICH YOU ARE USING** (state driver's license, a state issued ID, passport, or a military ID) For example, if your ID has your middle name spelled out, you must include it on all the applications.
- Please bring identification to your appointment.

**For Church: Human Concern, Catechist, Y/M, Events Hospitality, Choir, E.M. ect.
 For School Parents: Classroom/Book Bank/Field Trip, etc.



DIocese OF LAS VEGAS VOLUNTEER APPLICATION

VOLUNTEER INTEREST AND AVAILABILITY

A List programs/ministries in which you would like to serve: _____

Are you registered at a Parish? _____ If so, which one? _____

Parish at which you want to volunteer (if different): _____

Do you have children/other relatives who participate within the program/ministry for which you want to volunteer? No Yes
 If yes, what are their name(s): _____

Volunteer Availability (circle all that apply): Number of Days per week: 1 2 3 4 5

Preference as to Days of the Week: Monday Tuesday Wednesday Thursday Friday No Preference

List the number of hours you can volunteer: _____/week

PERSONAL/CONTACT INFORMATION

Print Legal Name: _____
Last First Middle

Address: _____ Telephone No.: _____
Street and Number City State Zip Code

Email Address: _____ Preferred Method/Time of Contact (Phone, E-Mail, Text): _____

Have you worked or volunteered for the Diocese of Las Vegas before (at any parish, school or other location)? No Yes
 If yes, please list:
 Location: _____ Dates (To/From): _____ Position: _____

Do you have any relatives currently employed/volunteering with the Diocese of Las Vegas? No Yes
 If yes, please list their names and position(s) held: _____

PRIOR EMPLOYMENT OR VOLUNTEER EXPERIENCE

<u>Present/Last Employer/Volunteer Agency:</u>	<u>From:</u>	<u>Positions and Duties Held:</u>
Address _____	(Mo/Yr) _____	_____
City, State, Zip Code _____	To: _____	_____
Telephone/E-mail _____	(Mo/Yr) _____	_____

Other relevant qualifications, personal experience, skills, or certifications (e.g., C.P.R.) which may be helpful to the volunteer position(s) for which you are applying: _____

If you speak, read or write (fluently) languages other than English, please list: _____

INFORMATION FOR BACKGROUND INVESTIGATION

Do you have a valid driver's license? No Yes

If yes, please list: License No.: _____ State of Issuance/Exp. Date: _____

If you do not have a valid driver's license, are you able to furnish proof that you are over 18 years of age? No Yes

Please print completely any other names/alias' you have used: _____

Have you ever been convicted of, or plead guilty to, any crime(s) involving or against a minor? No Yes

If yes, please describe each in full (jurisdiction/dates, etc.): _____

Are there any criminal charges pending against you for any crime(s) involving or against a minor? No Yes

If yes, describe each in full: _____

Have you ever been refused participation in any youth program or any service or ministry involving children? No Yes

If yes, describe in full (including name of company/organization, location, position applied for, etc.) _____

Have you ever pled guilty to, pled no contest to, or been convicted of a felony? No Yes

If yes, please provide the date(s), jurisdiction(s) and details: _____

NOTE: Answering "Yes" to any of these questions does not constitute an automatic bar to volunteer service. Factors such as age and time of the offense, seriousness and nature of the violation, and the position for which you are applying will be taken into account. In answering this question, do not include minor traffic citations.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING INACCURATE INFORMATION OR FAILING TO PROVIDE COMPLETE INFORMATION MAY RESULT IN MY DENIAL TO PROVIDE VOLUNTEER SERVICES OR TERMINATION FROM VOLUNTEER SERVICES.

Date

Signature of Volunteer Applicant

BACKGROUND CHECK AUTHORIZATION/PRE-VOLUNTEER INQUIRY RELEASE AND ACKNOWLEDGMENT

I understand that, as a condition of my consideration for volunteer service with The Roman Catholic Bishop of Las Vegas and His Successors, a corporation sole ("Diocese"), and as a condition of my continued service, the Diocese will obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness ("report"). I understand that disclosure of the report does not automatically disqualify me from consideration as a volunteer.

Further, if I am granted volunteer status and any such information is later found to be false or incomplete (or omissions are found) in any respect, I may be subject to immediate termination of volunteer status. I understand if selected as a volunteer, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States.

I hereby authorize and consent to the Diocese's procurement of a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Diocese will, at my request, provide me with a copy of any such report if the information contained in such report is, in any way, used in making a decision regarding my fitness for service with the Diocese. I further understand that such report can be made available to me upon request prior to any such decision being made, along with the name and address of the reporting agency that produced the report. I hereby fully and unconditionally release the Diocese and its clergy, officers, directors, employees, agents, servants, representatives and any other agency(ies) or entity(ies) releasing information from any loss, damage or liability in obtaining or furnishing said Criminal History Record.

I understand that while I am applying for, and in the event I am accepted as a volunteer at a parish, school or other Diocesan location, I am a representative of the Diocese. If I become a volunteer, I agree to comply with all Diocese of Las Vegas policies, procedures, rules and regulations. I also understand that any volunteer service may be contingent upon the passing of an initial or follow-up background investigation and consent to the disclosure of such records to the Diocese. I understand that should I decline to sign this consent my application for service will be rejected.

In addition to authorizing the release of any information regarding my service, I hereby fully waive any rights or claims I have or may have against my references, friends, former employers, their agents, employees and representatives, as well as any other corporation, partnership, entity or individual who releases information to the Diocese, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Nothing in this application or Applicant's Statement and Agreement creates or is intended to create an offer, promise or representation of employment. If permitted to provide volunteer service, I do so with no expectation of payment. I understand and agree that my volunteer service with the Diocese is similar to an employment "AT-WILL" relationship and, absent a written agreement signed by both the Bishop of the Diocese of Las Vegas or his authorized designee and me, my volunteer service will be without compensation and is, therefore, for no definite period, and may be terminated by either the Diocese or me at any time and for any reason whatsoever, with or without cause. No other supervisor or representative of the Diocese (other than those described here) has any authority to enter into any agreement for employment or any service for any specified period of time or make any agreement contrary to the foregoing. I acknowledge that it is my obligation to ask for written evidence from either the Office of the Bishop, the Vicar General or the Chief Financial Officer as to a representative's authorized status for the purpose of authority to sign written agreements. I understand and agree that oral representations made before or in the event I am permitted to volunteer do not alter any terms and/or conditions of my volunteer service.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. I hereby acknowledge that I have read, understand and agree to the above.

Signature of Applicant

Date

Printed Name of Applicant



Nevada Department of
Public Safety
Fingerprint Background Waiver

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. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by The Roman Catholic Bishop of Las Vegas (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. 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.
3. 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.
4. 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.
5. 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 FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. 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> and <https://www.edo.cjis.gov>.
7. 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 by submitting a request via <https://www.edo.cjis.gov>. 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.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize The Roman Catholic Bishop of Las Vegas (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:
PLEASE PRINT _____
Last Name First Name Middle

Applicant's Signature: _____
 Date: _____

Agency Account #: **880400** LOCATION NAME:

 Agency Representative: **Mongiello** **Sarah** **Jane**
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____
 Date: _____



Nevada Department of Public Safety

Records, Communications and Compliance Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6200 ~ Fax (775) 687-3290
www.rccd.nv.gov

VOLUNTEER and EMPLOYEE CRIMINAL HISTORY SYSTEM (VECHS)
APPLICANT WAIVER AGREEMENT and STATEMENT

For criminal history record information pursuant to the National Child Protection Act of 1993, as amended by the Volunteer for Children Act.

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter name of Qualified Entity) Roman Catholic Archbishop of Las Vegas

to submit a set of my fingerprints to the Nevada Department of Public Safety Records (DPS) - Records, Communication and Compliance Division (RCCD) for the purpose of accessing and reviewing state 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 Federal Bureau of Investigation (FBI) and pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34, 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.

I understand that, until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, if Qualified Entity policy permits, the Qualified Entity may provide me a copy of the criminal history background report, if any, received 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 a final decision is made.

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

PLEASE PRINT THE FOLLOWING INFORMATION:

First Name: Middle Name:

Last Name: Date of Birth:

Complete Mailing Address: As listed on Identification document.

[] I have not (or) [] I have been convicted of/am under pending indictment for the following crimes. You are required to provide dates, locations/jurisdictions, circumstances and outcome of each conviction and/or pending indictment. Attach a separate sheet if additional space is needed.

[]

Applicant Signature: Date:

To be completed by Qualified Entity Authorized Personnel:

Print Name: Van N. Dube'

Signature: Date: