

# Volunteer Checklist

## 2023-2024

### Volunteer/Driver

Make sure the following records are completed and turned into the MIQ office.

- Live Scan FBI clearance
- Diocese of Fresno Code of Conduct (Once a year)
- Volunteer Service Application (Once a year)
- <https://safeandsacred-fresno.org> (SE Training online Certificate)  
**Must say Certificate valid until June 30, 2028** (Once every 4 years)
- Diocese of Fresno Request to Volunteer Services (Once a year)
- Adult TB Risk Assessment Questionnaire (Once every 4 years)
- Code of Conduct: Chaperones (Once a year)
- Volunteer Driver Statement (Once a year)
  - Copy of Driver's License
  - Current Car Registration
  - Copy of Insurance declaration page

Thank you for your very necessary cooperation to insure the safety of our children while in our care. These very important steps help to insure the safety and help complete a necessary step in a good educational experience, such as this field trip.



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A0589

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

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

#### Contributing Agency Information:

OFFICE OF CATHOLIC EDUCATION

Agency Authorized to Receive Criminal Record Information

01056

Mail Code (five-digit code assigned by DOJ)

1550 N. FRESNO STREET

Street Address or P.O. Box

FRANCES A. AMORUSO

Contact Name (mandatory for all school submissions)

FRESNO

City

CA 93703

State ZIP Code

(559) 493-2851

Contact Telephone Number

#### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex  Male  Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number: 36 - MIQ / LEMOORE

OCA Number (Agency Identifying Number)

Level of Service:  DOJ

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

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



# DIOCESE OF FRESNO CODE OF CONDUCT



## SAFE ENVIRONMENT PROGRAM

*The Charter for the Protection of Children and Young People*, adopted by the United States Conference of Catholic Bishops requires:

- All clergy, employees and volunteers, who work/interact with children, shall consent to a background evaluation which shall be conducted by the Diocesan Department of Human Resources. Failure on the part of an employee or volunteer to submit to a background evaluation or failure to pass the background evaluation shall result in the immediate dismissal/termination of the employee or volunteer.
- Participation in the safe environment training at <https://safeandsacred-fresno.org>.
- Acceptance of the Diocese of Fresno *Code of Conduct*.

Parishes and schools shall maintain a record of compliance of all three mandatory elements. These records shall be maintained in a confidential location. For assistance regarding the confidential and safe keeping of these records, please consult the Diocesan Department of Human Resources.

## CODE OF CONDUCT

The Diocese of Fresno developed the following Code of Conduct for all clergy, employees, and volunteers who have contact with minors in the Diocese of Fresno and requires each person to acknowledge receipt of the document, understand the document, and comply with the document by signing and dating this Code of Conduct.

For the purpose of this document, the term **child, youth or minor** is defined as a person under the age of 18. A **vulnerable adult** is defined as an adult who experiences physical, emotional, intellectual, or psychological impairment.

### Professional Ethical Obligations

#### 1. Ministerial Role

- a) Will work collaboratively with all those engaged in ministry.
- b) Will faithfully represent the teachings of the Catholic Church with integrity in word and action.
- c) Are competent and receive ongoing education and training commensurate with their role(s) and responsibilities.

#### 2. Inclusion

- a) Will recognize the dignity of each person.
- b) Will serve all people without regard to gender, creed, national origin, age, marital status, socio-economic status, or political beliefs.
- c) Will ensure that all persons with disabilities are considered for reasonable accommodations.

#### 3. Accountability

- a) Priests are accountable to the Bishop of the Diocese of Fresno or the person he designates; all others are accountable to the pastor, principal, or other duly appointed representative under the authority of the Bishop of the Diocese of Fresno.
- b) Will exercise responsible stewardship of resources while holding themselves to the highest standards of integrity regarding the fiscal matters placed in their trust.
- c) Are responsible for supporting each other. This support must include a proper response

- another adult or teen. Teens helpers must always be supervised by an adult that meets all Safe Environment requirements.
8. One-to-one communication with a child, youth, or vulnerable adult should occur in a public setting.
  9. Driving alone with a child, youth, or vulnerable adult should be avoided at all times. Under unique circumstances a driver may provide transportation with parental consent and with communication with their immediate supervisor.
  10. Two adults should be present until all children/youth have left the premises.
  11. Never swear or use foul or abusive language in the presence of those you serve in ministry.
  12. Never speak graphically about sexual activities, including your own, and do not allow others to do so.
  13. Never show pornographic materials to those you serve in ministry.
  14. Never use your role to degrade, ridicule, or threaten another person.
  15. Never give children, youth, or vulnerable adults tobacco, alcohol, or unauthorized drugs.
  16. Never allow children, youth, or vulnerable adults to become sexual with one another during ministry activities.
  17. Never invite or host children, youth, or vulnerable adults in your home unless another adult is present.
  18. Never spank, shake, slap or physically punish children, youth or vulnerable adults.
  19. Never use, or be under the influence of alcohol at any time while ministering to children, youth, or vulnerable adults.
  20. Never use, possess, or be under the influence of illegal drugs at any time.
  21. Never wrestle with or tickle a child, youth, or vulnerable adult.
  22. All behavior standards also apply to electronic media, including internet access, social/media networks such as E-mail, chat rooms, and phone conversations.
  23. Communication via electronic communication devices (cell phone, internet, or social network sites) to a child, youth or vulnerable adult should be "one- to- many" rather than "one-to- one." When a volunteer responds to a personal message, copy your message to your immediate supervisor. Private social networks accounts may not be utilized to connect with children, youth or vulnerable adults within the boundaries of your service.

**Unacceptable behaviors:**

- Meeting alone with a child, youth or vulnerable adult in isolated places, or meeting in homes without adults present.
- Showing favoritism.
- Physical contact that can be misinterpreted.
- Commenting on others' bodies.
- Sexually provocative or revealing attire.
- Being nude in front of children, youth, or vulnerable adults.
- Sleeping in bed with children, youth, or vulnerable adults.

**Warning signs in relationships between adults and children, youth, or vulnerable adults:**

- Spending extra time grooming yourself when you know you're going to see a certain person.
- Finding ways or reasons to be alone with a certain person.
- Keeping aspects of your relationship with a person secret from others (such as how often you talk on the phone or see each other alone).
- Giving and receiving special gifts from a certain person.
- Sharing personal information or seeking help with personal problems from a certain child, youth, or vulnerable adult.

SUBMIT THIS PAGE TO YOUR PARISH, SCHOOL OR ORGANIZATION.



# DIOCESE OF FRESNO CODE OF CONDUCT



## Signature Page

Any Violation of this Code by a member of the clergy, employee or volunteer involving a minor or vulnerable adult shall result in disciplinary action, up to and including dismissal.

I have read and I understand the Diocese of Fresno's Code of Conduct for clergy, employees and volunteers) and I commit to uphold this code in my area of service.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parish or School Name: \_\_\_\_\_ Location: \_\_\_\_\_

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

**DIOCESE OF FRESNO EDUCATION CORPORATION**

1550 N. Fresno St., Fresno, CA 93703

(559)488-7420    sfarley@dioceseoffresno.org

**VOLUNTEER SERVICE APPLICATION**

The Diocese of Fresno Education Corporation considers applicants for all positions without regard to race, color, gender, national origin, age, disability, or veteran status.

**INSTRUCTIONS:**

- Please complete this application form and return it to the school. Keep a copy for your files.
- You must fully and accurately complete the *Volunteer Service Application* form. Incomplete applications will not be considered. Resumes do not substitute for any part of the application.
- All volunteer applications are considered inactive after ten years.
- If you are accepted as a school volunteer you will be required to submit the following **BEFORE STARTING SERVICE**:
  - Fingerprint Clearance from the Diocese of Fresno
  - A signed copy of the Safe Environment "Code of Conduct"
  - A TB test
  - Completion of Safe and Sacred Training

**A. GENERAL APPLICANT INFORMATION**

Full Name			
Home Address			
City, State, Zip			
Home Phone	(    )		
Cell Phone	(    )	Religion	
Email Address			

SERVICE PREFERENCES	
School Name	
Name of Student/Family	
Relationship to Student	
Volunteer Service Title	
Service Duties	
Date Available to Start	
Hours and Days Available	

COMPLETE THE FOLLOWING	YES	NO
Are you a practicing Roman Catholic or, if not, an active member of the religion indicated above?		
Do you have knowledge of Catholic doctrine and moral precepts and are you willing to adhere to them while volunteering?		
Have you previously been employed or served as a volunteer for the Diocese of Fresno?		
If YES, when From: / / To: / / Location		
Can you perform the essential functions of the volunteer position with or without reasonable accommodation?		
Have you ever been convicted of any crime other than a minor traffic violation? <i>If YES, describe on a separate sheet of paper. A conviction may be relevant if it is related to service duties, but will not necessarily disqualify an applicant from volunteering.</i>		
Have you previously been fingerprinted cleared by the Diocese of Fresno?		
If YES, when From: / / To: / / Location		

At your sole discretion, you may attach additional information to explain the circumstances of your above answers.



California Department of  
Public Health

### Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)



CALIFORNIA TUBERCULOSIS  
CONTROLLERS ASSOCIATION

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

Date of Risk Assessment: \_\_\_\_\_

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

History of positive TB test or TB disease    Yes     No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.\*  
If no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

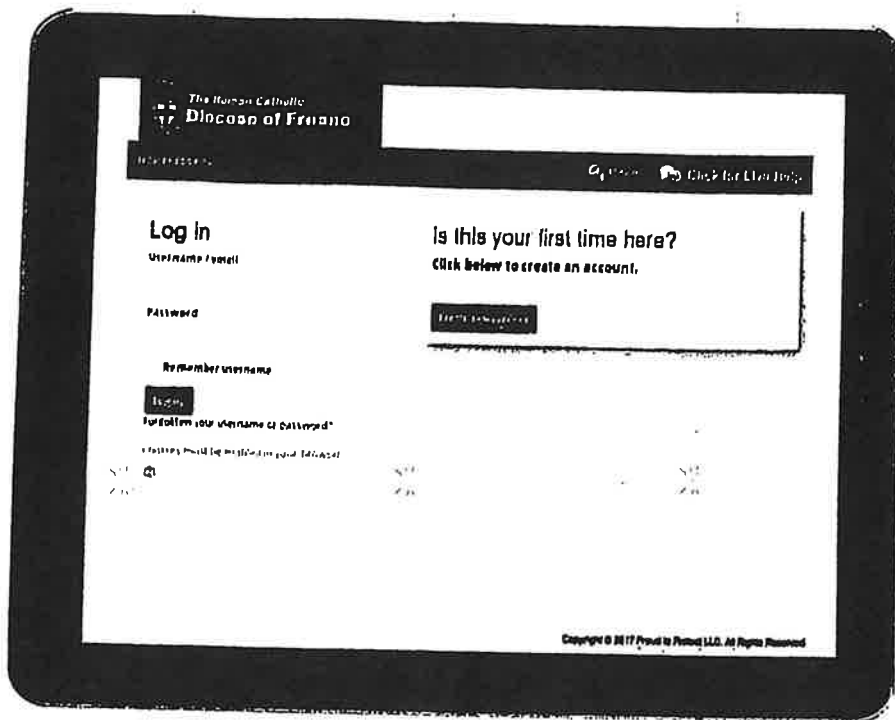
#### Risk Factors

<p>1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.<sup>2</sup></p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<p>2. Close contact with someone with infectious TB disease</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<p>3. Birth in high TB-prevalence country** (*Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<p>4. Travel to high TB-prevalence country** for more than 1 month (*Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<p>5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>

**\*Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.**

<sup>1</sup> Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013. (<http://www.cdc.gov/tb/publications/LTBI/default.htm>)



## SAFE ENVIRONMENT TRAINING INSTRUCTIONS

### Step 1

Go to the safe environment training web site:

<https://safeandsacred-fresno.org>

### Step 2

Click the **Create new account** button to register.

### Step 3

Complete ALL information on the registration page.

### Step 4

Click the **Create my new account** button to create your account.

### Step 5

Click the **Continue** button to confirm your account and enter the training site.

*An informational video will give you a tour of the site and how to use it after you are logged in.*

*You are done with training when you see your certificate on screen.*

## TIPS

TRAINING WORKS ON COMPUTERS, TABLETS AND SMARTPHONES

TRAINING WEBSITE IS FOR ADULT LEARNERS ONLY

ONE ACCOUNT PER PERSON

TECH SUPPORT AVAILABLE ONLINE

Click for Live Help  
(888) 804-9643

CONTACT YOUR CHURCH OR SCHOOL FOR HELP WITH BACKGROUND CHECKS

DIOCESE OF FRESNO

3550 N. Fresno St  
Fresno, CA 93703



**DIOCESE OF FRESNO REQUEST TO  
VOLUNTEER SERVICES**

1550 N. Fresno Street  
Fresno, California 93703  
559-488-7400

**MISSION STATEMENT**

*As God's beloved people we are called in and through the Spirit  
to live in unity and love and to proclaim the Good News of Jesus,  
especially amongst the poor and marginal of our society.*

**NOTE: Volunteers who serve where minors may be present are required to meet all applicable Safe Environment requirements up to and including: Background Check, Fingerprinting, Safe Environment Training and signing of the Diocese of Fresno Code of Conduct.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Are you over 18? Y  N

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Home Parish: \_\_\_\_\_ City: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Availability: Mon  Tue  Wed  Thur  Fri  Sat  Sun  Preferred Time: \_\_\_\_\_

Do you have any particular knowledge, skills and/or abilities you would like to share as a volunteer?  
\_\_\_\_\_

I am interested in volunteering my services as: \_\_\_\_\_

I am interested in volunteering at the following location(s):  
\_\_\_\_\_

I am volunteering my time and services without any present or future expectation of payment/compensation of any kind. I acknowledge that my selection as a volunteer is not a job offer and does not constitute an employment relationship. As such, I am under no obligation as to time, duties or resources other than what I freely choose to provide to the Diocese of Fresno, any church, school, or entity owned/operated by the Diocese of Fresno.

I understand and agree that the completion and submittal of this Request to Volunteer Services does not guarantee that I have been selected or will be selected to serve as a volunteer with the Diocese of Fresno.

\_\_\_\_\_  
Volunteer (Print Name)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recipient (Print Name and Position Title)

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

## Code of Conduct: Chaperones

1. I agree to be responsible for the children assigned to me.
2. I agree to follow the requirements of the Diocese of Fresno Safe Environment Program.
3. I agree to be a good role model in the interactions with all individuals by the following:
  - a. Dressing appropriately
  - b. Not consuming alcohol
  - c. Not using tobacco in any form
  - d. Not using illegal drugs
  - e. Not possessing a weapon
  - f. Being respectful to all children, adults, and other I may encounter on this trip.

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

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

Print Name: \_\_\_\_\_

# VOLUNTEER DRIVER STATEMENT

For the 20\_\_ - 20\_\_ School Year

**DIRECTIONS:** To insure the highest safety for all, please complete the following form and return it to the school office. Please attach to this form a copy of: (1) your current driver's license; (2) the current vehicle registration for all vehicles you will be using; and (3) the automobile insurance policy declaration page for all vehicles you will be using.

I, \_\_\_\_\_ (print full name as found on your driver's license),  
certify that I understand and agree to meet the following volunteer driver requirements  
of the Diocese of Fresno:

1. I am at least 25 years of age and hold a current, unrestricted California driver's license.
2. I have received Safe Environment training and have had my fingerprints cleared by the school.
3. I have no physical or mental limitations that prevent me from driving with or without accommodation.
4. I have never committed any serious driving violation.
5. I have determined that the vehicle I will use is in safe driving condition. If the vehicle is not in safe driving condition, I will not use it.
6. I will require all passengers including myself to use a seat belt.
7. I will not allow anyone to ride in the back of a pick-up truck.
8. The vehicle I drive will have a current automobile insurance for at least \$100/300,000 of liability insurance.
9. I understand that, in the case of an accident, I will:
  - a. Take any steps possible to provide for the immediate safety and health of any passenger including myself; and
  - b. Immediately contact the school's administration.
10. If I am involved in an accident, I understand that my vehicle's insurance shall be primary and the school's insurance will be secondary.
11. I will comply with all vehicle and traffic laws and regulations.
12. I will comply with the driving directions and route determined by the school.
13. I will provide the school updated copies of my driver's license and each vehicle's registration and insurance policy declaration page as they are renewed during the school year for all vehicles I will drive.

If I am directed to provide transportation for student passengers, I will also comply with the following requirements:

14. I will only transport in my vehicle student passengers who have been assigned to me by the school. While providing transportation for a school event, I will not transport any child who is not a student, including my own.
15. I will not allow any child under the age of twelve (12) or lighter than 100 lbs. to ride in the front seat if the vehicle is equipped with a passenger-side air bag.
16. I will ensure that the parents/guardians of a child who is under six (6) years of age or who is less than 60 pounds in weight shall provide and install a federally approved car seat for their child.
17. I will carry with me a diocesan "Permission to Participate" form for each student.
18. The vehicle will have no more than nine (9) passenger seats, including the driver's seat.

Signed by Volunteer \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR OFFICE USE</b>	
Attached to Form: (Check those that apply)	
<input type="checkbox"/> Driver's License	<input checked="" type="checkbox"/> CURRENT
<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Automobile Insurance Declaration Page
Driver has on file in the school office: (Check those that apply)	
<input type="checkbox"/> Record of Safe Environment training	<input type="checkbox"/> Fingerprint clearance
Permission to Drive Approved By: _____	Date: _____