Diocese of Pensacola-Tallahassee Charter Requirements for the Protection of Children, Young People and Vulnerable Adults



All Diocesan Schools please use these Codes: Codes are case sensitive Code for Fingerprinting as an **Employee = <u>FPDiocesePTSchEmp</u>** Code for fingerprinting as a Volunteer = FPDiocesePTSchVol Website to make your fingerprint appointment is:

www.fieldprintflorida.com

Safe Environment course online at www.shieldthevulnerable.org

adults they may substitute course #3 for #1. school advisory committee shall also complete courses #1 volunteering may begin. All individuals serving on any vulnerable adults must complete courses #1 & #2 before courses #1 & #2 before employment begins. All volun-Diocese. This training will help employees and volunteers teers entrusted with the care or supervision of children or nerable adults. All Diocesan employees must complete to recognize, report and prevent abuse of children or vultraining to those employed or volunteering for our prevention program that will provide Safe Environment "Shield The Vulnerable" is an online safety education and If a volunteer's ministry only includes vulnerable

Shield The Vulnerable offers the following courses:

- Recognize, Report & Prevent Child Abuse
- Detecting Predators: GUARD the Children
- Recognize & Report Vulnerable Adult Abuse
- Cyber Bullying
- Eliminating Bullying
- Cyberspace: Risks and Solutions

course requirements unique to your position Contact your supervisor for confirmation on any additional

environment course approved by our Diocese Individuals must be re-certified every five years with a safe

ment courses within the last five years are still considered compliant. These courses were: Abuse Prevention and Individuals who already have taken two main safe environ Teaching Prevention.

Revised 8/5/2011

All Diocesan Employees and Volunteers are re-Background Search completed and quired to have a Level 2 Criminal approved before employment or volunteering may begin.

Steps to take to complete a Level 2 Criminal Background

- Visit the diocesan site that you will primarily be code for your Level 2 Criminal Background Search employed or volunteering. Use this site name and
- Register online to make an appointment to be finger printed. Fill out all information required online.
- Print the barcode and bring with you to the finger print appointment.
- Bring to your fingerprint appointment the same Government issued ID you used online.

approved will be place into the Diocesan database Once fingerprinted, your results of approved or not

inform you as well. You may use the formal appeal process each code is unique to each site. with the Office of Safe Environment. See the "Policy and Please use the code provided to you from this site as Personnel" on the Diocesan website. www.ptdiocese.org Procedural Guidelines relating to screening of Church If not approved, your site supervisor will be notified and

> A Motor Vehicle Report (MVR) is to be employees and volunteers driving on completed and approved for all behalf of the Diocese.

Individuals must meet these requirements:

- six points on their license within the last year Three years of clean driving record history or less than
- Must be at least 21 years old to drive a diocesan vehicle.
- Must be least 25 years old to drive children and youth.
- Must be a Florida licensed driver
- Must have \$100,000/\$300,000 car insurance liability
- complete two safe environment courses Complete a Level 2 Criminal Background Search and
- medications that would impair their ability to operate a Must not have any medical condition nor be taking any motor vehicle
- ronment/HR Department. age from insurance provider to the Office of Safe Enviand a Certificate of Insurance / Verification of Cover-Submit a MVR form, a legible copy of Driver's License

proved and not approved. based on the agreed upon underwriting criteria as to apcannot share information but only communicate the results ers whose information is submitted. A.J. Gallagher, Inc. Inc., an outside source to check driving records of all driv-The Diocese uses A.J. Gallagher Risk Management Services,



You Must contact the site office first, sign their waiver, and pay for the screening at that time, if required, before making an appointment online for fingerprinting.

Here is how to schedule your fingerprinting appointment

- Log onto the www.fieldprintflorida.com website to schedule your appointment
- 2 he word "password". Password is case sensitive. and contain 1 capitol letter, 1 lower case letter, 1 number and 1 special character (!@#\$%*) may not contain You will create a secure username/password to enter the system. Password must be at least 8-16 characters long
- Ś Reason why you need to be fingerprinted is the second answer in the dropdown box: FL:DCF/VECHS
- 4. Use the provided Fieldprint Code to gain access to the online scheduling tool:

Schools Fieldprint Codes only:

Employment purposes: FPDiocesePTSchEmp Volunteer purposes: FPDiocesePTSchVol

Please note the access code IS case sensitive.

- S quired by the FDLE/FBI in order to process the criminal search. Employer would be the place you will be working or volun-Provide your Personal and Demographic Information. The information requested on the scheduling site is the information reteering within the Diocese. If you do not know the address or phone of the site, enter your home address and number again.
- 9 cancel appointment please do so before 48 hours of your appointment time. Not cancelling or not showing for your appointment will incur you a \$15.00 fee. Schedule your fingerprint time you would like to have and select a location. Make your appointment. If you need to change or
- 7. If you have any issues or questions, you may contact our customer service team at (800) 799-1067 or at CustomerService@fieldprint.com. You may also contact Jeanne Blake at (850) 435.3570 or blakej@ptdiocese.org
- ∞ site. Also, bring two forms of ID, one being a photo ID Please print the appointment confirmation number or write this number down and bring it with you to the fingerprint

Form A



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 (enter Name of Qualified Entity) <u>Diocese of Pensacola-Tallahassee</u> 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 Walver 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) 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. Contractor/Vendor I am a current or prospective (check one): Employee Volunteer Signature: Date: Printed Name: ____ Address: ___ Date of Birth: TO BE COMPLETED BY QUALIFIED ENTITY: Enilty Name: Diocese of Pensacola-Tallahassee Address: 11 North "B" St Pensacola,F1 32502 Telephone: 850-435-3570 __ Fax: ___ FDLE Assigned Qualified Entity Number: 17040002 /17040043

DIOCESE OF PENSACOLA-TALLAHASSEE DRIVER INFORMATION SHEET

ALL DRIVERS MUST BE ATLEAST 21 YEARS OF AGE AND HAVE A VALID DRIVER'S LICENSE, VEHICLE REGISTRATION AND VEHICLE INSURANCE

A CLEAR COPY OF DRIVER'S Please Print Clearly	LICENSE MUST ACCON	MPANY THIS FORM IN ORDER TO PROCESS.
•		Date of Birth:
		State: Zip Code:
		er:
		oiration:
List site name for which you will be		
*MUST PROVIDE PHOTOCOP	Y OF CERTIFICATE OF	INSURANCE/ VERIFICATION OF
COVERAGE FROM INSURANCE	CE PROVIDER.*	ately owned vehicles is \$100,000/\$300,000.
CERTIFICATION and PERMI I certify that the above information		he best of my knowledge and ability.
activities, I must be at least 21 year insurance coverage. I understand	rs of age and possess a valid of that when providing trans	cesan, school, youth group or parish related driver's license, vehicle registration and required sportation for minors, I am acting as an adult to the expectations and guidelines of the Diocese
diocese or its insurance company	n before being able to drive representative(s), and may	tained as part of the Diocese of for an event. The reports may be procured by the rinclude personal information obtained from the nent of my insurability for the insurance program, or
By signing this letter, I hereby pro	vide my authorization for th	e Diocese of Pensacola-Tallahassee
		nformation and reports, as well as additional aluate my insurability or for other permissible
Signature:		Date:
Signed form, copy of driver's lice	ense and Certificate of Cor of Pensacola-Tallahassee: H 11 North B Street, Pensa	verage must be returned to: R/Safe Environment Dept.
Office Use only:		
Date Received:	=:	
Date Approved:	Non-App	roved:

(Good for two years from date of approval)

Revised: July 2011 -

		No.	