



Greetings, Volunteers!

We are so grateful for your interest in joining our St. Gianna Baby Pantry volunteer community! Your time, dedication and skills help us deliver critical services and your commitment to our mission inspires hope for those in need.

Volunteers serve as the face of our organization within our St. Gianna Baby Pantry locations. They are a representative of our values and mission. As such, each volunteer is asked to submit to a full background check, DHHS central registry clearance, and National Sex Offender Registry review. In addition, baby pantry volunteers are expected to complete Protecting God's Children training and register an account with VIRTUSonline.org. We also ask baby pantry volunteers to agree to CCWM's confidentiality policy.

Please read all instructions carefully and thoroughly complete the following forms. Please return your completed application packet with a copy of the front and back of your photo ID. These forms can be emailed to [kmaurer@ccwestmi.org](mailto:kmaurer@ccwestmi.org), or you can arrange a time to deliver them in person. We will not accept applications submitted via mail.

If you have any questions, please reach out at any time. We are grateful for your contribution and we look forward to meeting you soon!

Best,

**Karol Maurer**

Catholic Charities West Michigan | Philanthropy and Community Outreach  
Director of Development and Community Outreach  
40 Jefferson Ave SE | Grand Rapids, MI 49503  
c: 616.356.6207 | [kmaurer@ccwestmi.org](mailto:kmaurer@ccwestmi.org)  
[ccwestmi.org](http://ccwestmi.org)



## History & Mission

Since 1947, we have been providing services to the most vulnerable populations in West Michigan.

We are a community-based agency providing programs in Western Michigan, and offering a variety of services ranging from prevention and education to crisis intervention. All programs are designed to help families and individuals succeed.

We are committed to serving the best interests of our clients, representing a diverse population, including persons of all faiths, with particular emphasis on service to persons with low income and outreach to diverse ethnic backgrounds.

We are committed to collaboration with others in the community and church-initiated efforts for needs assessment, program planning and service delivery.

## Our Mission

In the spirit of our Catholic tradition, we lead our diverse communities with hope and compassion by offering innovative, collaborative programs. Through our team of highly trained employees, dedicated volunteers and generous community, we deliver the highest quality social services.

## Our Vision

Following in the footsteps of Christ, we are the leaders in empowering people to achieve their God given potential by providing help and creating hope.

## Our Values

- Compassion
- Collaboration
- Compliance
- Service to All People
- Sanctity of All Life



Please complete information update and return via  
email to Karol Maurer, [kmaurer@ccwestmi.org](mailto:kmaurer@ccwestmi.org).  
These forms can also be dropped off in person  
at the following address:  
40 Jefferson Ave,  
Grand Rapids, MI 49503

We ask that you do not mail this application.

## Baby Pantry Volunteer

### Information Update

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Current Volunteer Position/Location(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Required Forms/Training (Attached)

- Criminal Background Authorization
- Credential Check (IF volunteer has lived out of state)
- DHS Central Registry Clearance
- Copy of State-Issued Photo Identification
- Standards of Ministerial Behavior
- VIRTUS Training Completed
- CCWM Confidentiality Agreement

I verify that all information provided in this packet is complete and accurate information.

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



## DISCLOSURE AND AUTHORIZATION

### [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION] DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Catholic Charities West Michigan ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report, to request a written summary of your rights under federal law. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by CREDENTIAL CHECK CORPORATION, 575 East Big Beaver Road, Suite 300, Troy, Michigan 48083-1300, 888-689-2000, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is attached.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

CCC-CSD0001-120110-A

CREDENTIAL CHECK CORPORATION®

575 East Big Beaver Road, Suite 300, Troy, Michigan 48083-1300 USA Tel:(888) 689-2000 Fax:(877) 689-1500 www.credentialcheck.com

Note: Only Complete if volunteer applicant has lived out of State of Michigan



## DISCLOSURE AND AUTHORIZATION

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CREDENTIAL CHECK CORPORATION, 575 East Big Beaver Road, Suite 300, Troy, Michigan 48083-1300, 888-689-2000, another outside organization and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

PLEASE PRINT

(First)	(Middle)	(Last)	(Maiden Name or Alias)

Current Address:

City	State	Zip
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Utah applicants or employees: Please do not provide your Date of Birth, Driver's License Number, or Social Security Number at this time. Such information may be requested upon a conditional offer of employment or at the time the background check will be run.

Date of Birth*	Social Security Number*
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Driver's License Number	State Issued
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Applicant's Signature	Date:
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\*This Information will be used for background screening purposes only and will not be used as hiring criteria.

CREDENTIAL CHECK CORPORATION®

575 East Big Beaver Road, Suite 300, Troy, Michigan 48083-1300 USA Tel:(888) 689-2000 Fax:(877) 689-1500 www.credentialcheck.com

## Catholic Charities West Michigan Background Check Consent Form

I understand that it is the policy of Catholic Charities West Michigan to secure motor vehicle driving record history, child abuse history, State of Michigan and National criminal record checks, and Sex Offender Registry information as part of the screening process using the information provided below:

Last name	First name	Middle initial

Race (Mark One Below)				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Unknown/Other

Sex	Month of birth	Day of birth	Year of birth

Social Security Number	Driver License State	Driver License Number

Other last name	Other first name	Other middle initial

Other last name	Other first name	Other middle initial

Other last name	Other first name	Other middle initial

List each State (other than Michigan) that you have resided in since the age of 18	Years Resided (i.e. 1988-2001)

If you have lived outside Michigan since the age of 18, you must complete the Credential Check Disclosure and Authorization Form as part of your employment background checks. Request this form from your hiring supervisor.

**Foster Care, Licensing, and Adoption Department Employment Candidates Only** - Prior to being hired, if you have lived outside Michigan in the last five years, Human Resources needs proof from every state where you have resided that you have not been convicted of child abuse or neglect. Contact your hiring supervisor for the correct paperwork.

Reason for Request: (Mark One Below)			
<input type="checkbox"/> Employment	<input type="checkbox"/> Intern/Student	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Licensing

I authorize CCWM to utilize the above information for the purpose of checking my motor vehicle driving record history, child abuse history, criminal record checks in the state of Michigan and other states, as well as Sex Offender Registries.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 5-23)

<p><b>COPY PHOTO ID HERE</b></p> <p><b>OR</b></p> <p><b>ATTACH A SEPARATE PAGE</b></p>
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## SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)

(Please answer the following questions on the line below)

Maiden Name, Aliases, also known as (A.K.A)

Social Security Number

Date of Birth

Address

City

State

Zip Code

Phone Number

Email

I would like to pick up my results in \_\_\_\_\_ County (For Michigan Residents Only).

Signature Required for Individual Being Cleared

Date

## SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

Employer

Volunteer Agency

Out-of-State Child Caring Institution

Out-of-State Adoption/Foster Care Home Screening

Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Individual Self-Request

Name of Agency or Organization

Catholic Charities West Michigan

Name of Requester

Davina Bryan

Address

40 Jefferson Ave. SE

City

Grand Rapids

State

MI

Zip Code

49503

Email

dbryan@ccwestmi.org

Fax

Phone Number

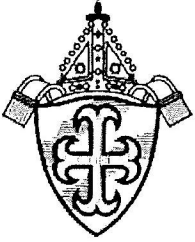
616-306-8330

## DHS – 1929, Central Clearance Request Instructions:

This form requires that the applicant follow specific formatting instructions. Please review the guidelines below before completing this form.

- Please fill out the Central Clearance Request form, providing your answers in the section below each question.
- Please DO NOT check the box that indicates you would like to pick up your results. Please DO NOT write a county on that line. If it is your intention to pick up your results in your county, please keep the form and submit independently. If you choose to submit this form and pick up your results, CCWM cannot accept those results as part of your Gianna's application.
- Please return the form as well as a copy of your photo ID. This can be returned via email or dropped off in person. Please schedule a time if dropping off your forms.





# Standards of Ministerial Behavior in Dealing with Children & Young People

*We the clergy, women and men religious, seminarians, staff and volunteers of the Diocese of Grand Rapids who have regular contact with children and young people pledge that we will maintain an open and trustworthy relationship with them free of behavior which is sexual in nature.*

## General Guidelines

1.1 Children and young people deserve the Church's highest standard of care. Since adults hold positions of power, we will set appropriate boundaries to assure a safe place for our children and young people in all Church ministries and programs.

1.2 We will witness in these and all our relationships the chastity appropriate to our state in life, whether celibate, single or married.

1.3 We recognize that needs for affection and intimacy must be addressed outside our work with children and young people.

1.4 Recognizing that physical contact with a minor may on occasion be appropriate and in some instances unavoidable, we acknowledge that it can also be misconstrued. It should occur in our work with minors (a) only when completely nonsexual and (b) never in private. In addition, we will not engage in speech, gesture or other behavior which may be construed as seductive or sexually suggestive to a minor.

1.5 When working with minors, we know that a team approach is best. We will, to the extent possible, avoid being alone with a minor, including transportation.

1.6 We will be accountable to a spiritual director, superior, colleague, spouse or peer to ensure we maintain proper boundaries in our relationships with minors and openly discuss threats perceived to those boundaries by ourselves, a minor or others.

1.7 We will educate ourselves concerning the signs of abuse and neglect of minors and take appropriate and requisite action when such signs are recognized. We acknowledge the State of Michigan's *Child Protection Law* in that regard, as well as the Diocese's *Policy on the Sexual Abuse of Minors*, and pledge our support of them.

1.8 Where other civil laws, diocesan policies, and/or codes of ethics govern particular aspects of our relationships with minors, we agree to comply implicitly with them in all respects.

### **Particular Guidelines**

2.1 Priests, unmarried deacons, religious and seminarians will not allow an unrelated minor to stay overnight in their private accommodations or residences unless the minor's parent or guardian is present. Married deacons, staff and volunteers will not share overnight accommodations with an unrelated minor if no other adult is present.

2.2 We will not meet with an unrelated minor in private absent exceptional circumstances. We will not do so, if at all possible, without notifying a superior or colleague in advance. When such a meeting occurs without such notice, we will promptly notify a superior or colleague in writing of the event, the circumstances giving rise to it and what occurred.

2.3 When we meet with an unrelated minor in a public place, but are alone with her or him, we will take the steps necessary to see that the meeting is readily observable to others, both visually and audibly unless confidentiality of the oral communication is necessary in the interest of the minor, in which case we will take additional precautions to assure that the meeting will be within the sight of other adults.

2.4 If a minor is sexually suggestive in speech or behavior, we will inform him or her that such conduct is unacceptable and, when appropriate, take other remedial action to prevent harm to the minor and scandal to others.

2.5 If a minor discloses information about a sexual issue or concern involving a parent, guardian or household member, we will ascertain whether reporting is required (see 1.7, *ante*) or appropriate, putting the minor's health and safety first, and having due regard for a request for confidentiality and/or anonymity by the minor. We will consult with an appropriate professional to determine a proper response.

2.6 Apart from the limited circumstance referenced in 2.5, we encourage parents and guardians to inquire about their children's welfare and our relationship with them. If we become aware of a danger to the health or safety of a young person, we will promptly advise the parent or guardian of our concern.

2.7 We will never provide alcohol, tobacco, illegal drugs, pornography or other inappropriate material to a child or young person. We will never use or be under the influence of alcohol or illegal drugs while in ministry to them. We will not encourage, create, acquire, possess, or distribute images or visual representations of any minor(s) that constitutes child pornography as defined by Michigan law, MCL 750.145c.

2.8 We will follow diocesan policies for screening, supervising and evaluating persons who work with children and young people on a regular basis, and make certain such persons sign on to these guidelines and agree to

follow them.

2.9 We will not provide pastoral counseling, spiritual direction, psychological or other mental health services to a minor or young person unless we are qualified to do so. If we do, we will maintain a log showing the time and place of each session and include minimal information of the content. We will not audiotape or videotape such sessions, and will use the information obtained from them only in educational, homiletic or other professional settings, and only after taking effective means to safeguard the minor's identity and confidential disclosures.

*These guidelines, both general and particular, do not address or govern the Sacrament of Reconciliation. Under no circumstances shall there be disclosure, directly or indirectly, of information received in the confessional except as provided by Canon Law.*

In implementing these guidelines, we are mindful that they provide a basic structure which seeks to protect children and youth from neglect and sexual abuse, but that no framework can address all the situations which may arise in our work. We believe that human sexuality, our own as well as that of the young people we seek to serve, is a gift inherent in our creation in the image and likeness of our God. We pledge to honor both the spirit and the letter of these standards in light of this belief.

**By signing below, I acknowledge I have read the above information along with the USCCB Charter for the Protection of Children & Young People and Essential Norms for Diocesan/Eparchial Policies Dealing with Allegations of Sexual Abuse of Minors by Priests or Deacons.**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Pastor/Supervisor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Clergy, Religious, Seminarian, Staff or Volunteer

## **BEGIN REGISTRATION | VISIT:**

**[www.virtusonline.org](http://www.virtusonline.org)**

- On the left side of the page, click on FIRST-TIME REGISTRANT
- Click on “Begin the registration process”
- Click in the box stating “Select your organization”
- Scroll down to “**Grand Rapids, MI (Diocese)**”, click on it, then click on the SELECT button
- Answer the previously registered question
- Set your VIRTUS account by creating your username and password (**Write them down**)
- Fill in your personal information. Those fields marked with a Red \* must be filled in.
- Click the CONTINUE button

## **SELECT YOUR ORGANIZATION & ROLE**

- Scroll down the drop-down menu to choose the parish or school/s you are associated with.
- Click the CONTINUE button
- Check the box or boxes of role/s, and type in your title or position/s, and continue
- Answer YES or NO to having any other parish/school associations
- Check YES or NO on the three questions, and continue

## **ELECTRONIC SUGNATURES REQUIRED**

- Based on the role you’ve chosen, you will be taken to the *Charter for the Protection of Children and Young Adults*, and/or the *Standards of Ministerial Behavior*.
- Read and electronically sign.
- Read and authorize the background check

## **OUT OF STATE RESIDENT QUESTIONS & REQUIREMENTS**

- Answer the "Lived out of Michigan" question, click on continue
- If you answer YES to having lived out of state after the age of 18 we will need to run a national background check.
- Within a couple of weeks you will receive an email from **help@referenceservices.com** . Please open this email and authorize the national background check.
- If you do not respond to this email and we are unable to to run your national check you will be unable to volunteer with our parish/school.

## **SELECTING A VIRTUS TRAINING SESSION**

- If you are still logged in, answer if you have already attended a Virtus Session?
  - If you clicked YES, click on the session you attended from the drop-down menu, and click on Complete registration.
    - You should contact the diocese at 616 475-1246 or email [ccastano@grdiocese.org](mailto:ccastano@grdiocese.org) to request approval for the session you've already attended.
  - If you clicked NO, click on the VIRTUS training you would like to attend.
    - a. Volunteers may choose Online training in English or Spanish, or choose from any upcoming live training.
    - b. Educators and Employees will need to pick from the available live Protecting God's Children for Adults sessions.
  - Confirm the session you chose is correct by clicking OK. Your registration is complete at this time, or you can change or remove the training you chose. If you do not want to change your session choice, log out now.
  - Those who chose the online training will then log back into their VIRTUS account with the username and password they just set up.
    - Click on Protecting God's Children Online Awareness Session 4.0 to begin the online training process.
    - Online training consists of 13 Lessons and does not need to be completed in one sitting.
    - If for any reason, you need to log out before completing the online training, the Virtus system will start at your first incomplete lesson.
  - Those who chose the live training, you will receive an email confirming the session you've signed up for.
- 

## **QUESTIONS**

If you have questions at anytime please contact:

**Director of Safe Environment | Diocese of Grand Rapids**

Christine Castano

616-475-1246 | [ccastano@grdiocese.org](mailto:ccastano@grdiocese.org)



Providing Help. Creating Hope.

## **Confidentiality Agreement (For Employees, Interns, Independent Contractors, and Volunteers)**

It is the policy of Catholic Charities West Michigan that the agency's confidential business affairs, materials and information about the agency's consumers and operations must not be discussed with anyone outside without the agency without the expressed consent of client (when necessary) and only those inside the agency who are authorized to receive confidential information that is directly involved with the case.

As an employee, Intern, Independent Contractor or Volunteer for Catholic Charities West Michigan (hereinafter "the Agency") acknowledge that I may have access to information related to our clients. United State (U.S.) law mandates that personal health information (PHI) is kept confidential except under specific circumstances. PHI includes demographic, billing, and medical information about the client. The fact that someone is receiving care must also be kept confidential. This information cannot be shared with others without consent from the client except for duty to inform/warn situations as provided by law.

Information related to the business of our agency is also confidential and proprietary. Personal information regarding donors, employees, interns, independent contractors, and volunteers should be considered in the same way. This information may only be shared in context of work responsibilities. As a condition of my employment, internship, contract, or volunteerism, I agree to the following:

1. I understand that I am responsible for complying with the agency's confidentiality policies, which includes Health Insurance Portability and Accountability Act (HIPPA) related information. I also have been given a copy of these policies.
2. I will treat all information received in the course of my employment with the Agency, which relates to the clients of the Agency, as confidential and privileged information.
3. I will not access consumer Personal Health Information (PHI) unless I have a need to know this information in order to perform my job.
4. I will not disclose information regarding the Agency's consumers to any person or entity, other than as necessary to perform my job, and as permitted under the agency's confidentiality policies.
5. I will not log on to any of the Agency's computer systems that currently exist or may exist in the future using a password other than the one that has been specifically signed to me.
6. I will safeguard my computer and mobile communication device password and will not post in a public place such as the computer monitor or a place where it will be easily lost, such as on a nametag.
7. I will not allow anyone, including other employees, to use my password to log on to a computer and or mobile communication device(s).
8. I will password protect all mobile communication devices that are authorized to use to conduct agency business
9. I will log off of the computer as soon as I have finished using it.
10. If my job requires that I have consumer PHI off the premises, which includes information stored on a mobile device I will safeguard the information including not leaving it in unlocked cars and not leaving it lying around in an un-secure place in my home where others may see it.
11. Upon cessation of my employment with the Agency, I agree to continue to maintain the confidentiality of any information I learned while an employee and agree to turn over any keys, access cards, cells phones or any other device that would provide access to the Agency or its information.

I understand that violation of the agreement could result in disciplinary actions up to and including termination or cancellation of my contract if I am a volunteer, intern or independent contractor. I further understand that if I am an "Employee" of the Agency this agreement in no way alters my status as an at-will employee. I understand that this agreement is binding past my tenure at Catholic Charities West Michigan to ensure that confidential material is kept as such.

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Print Name

Signature

Date