

# Volunteer Application Packet

**Please know this process can take months.**

**We appreciate your willingness and patience!!**

**Please follow these steps:**

- 1. Ensure you are an active and registered member of this parish by asking the receptionist to check your status on the computer.**
- 2. Complete the “Safe Environment Training” online by following the instructions on the “CMG Connect Diocese of Las Vegas” sheet in this packet.**
- 3. AFTER completing step 2 please call the office at 702-363-1902 *to make an appointment* to turn in your volunteer paperwork and to do your fingerprints.**
- 4. Be sure to bring a valid ID to the appointment and know that your paperwork must be identical to the information on your valid ID.**

**Feel free to contact the Office Coordinator for any questions!  
702-363-1902**





## DIOCESE OF LAS VEGAS

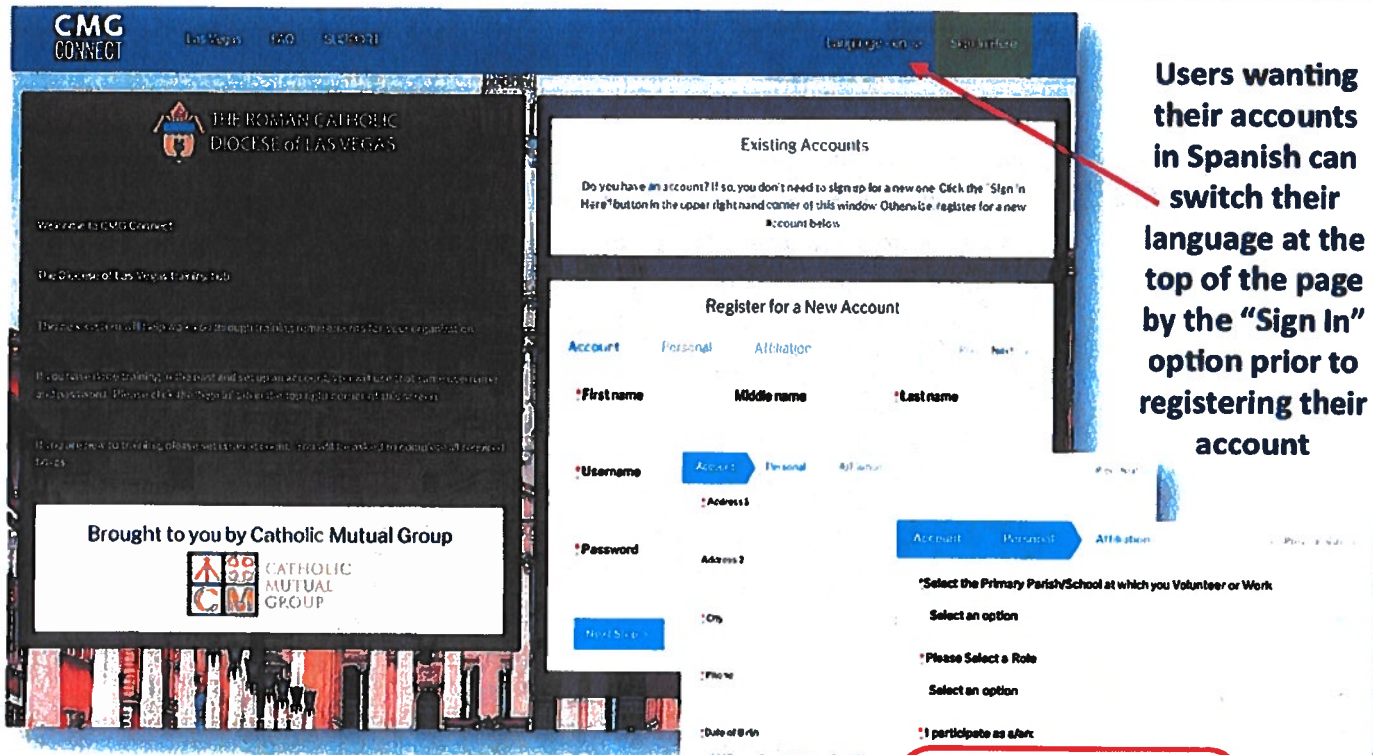


### ***Safe Environment Training***

#### Getting Started:

1. Go to <https://lasvegas.cmgconnect.org/>
2. 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.***
3. 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.
4. Click 'Start Curriculum' for the Safe Environment Training.
5. 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.



Users wanting their accounts in Spanish can switch their language at the top of the page by the "Sign In" option prior to registering their account

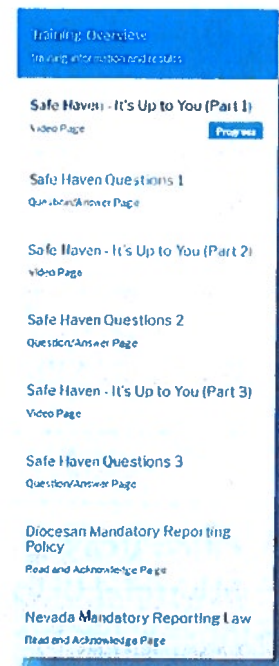
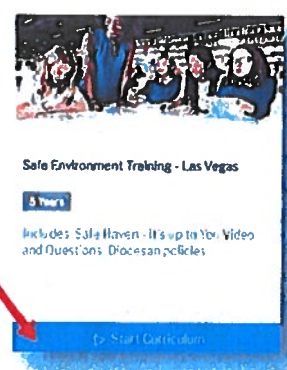
• You will progress through ALL three account creation screens before your registration is complete. *If you are unsure of what role to select for your participation category, please contact the diocese.*

• On your main dashboard, you will click Start Curriculum

• 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/>





**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: \_\_\_\_\_

**NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS  
AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT**

**Applicant:**

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer; (b) by which you are employed or serve as a volunteer; or (c) which provides care to someone to whom you have or may have unsupervised access, may request a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints.
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is a type or commonly accepted for the purpose of identification of individuals 18 U.S.C. §1028(d)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) has been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by entity performing the background check. Such request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed to the entity or the Nevada Department of Public Safety.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

**THE FOLLOWING MUST BE COMPLETED BY APPLICANT**

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 been convicted of nor am I under pending indictment for any crimes.
- I have been convicted of, or 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.

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

Additional attachments included: Yes No

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

Signature: \_\_\_\_\_  
*Applicant's Signature*

**THE FOLLOWING MUST BE COMPLETED BY THE AUTHORIZED RECIPIENT**

Identification Type: \_\_\_\_\_  
*(Passport, Driver's License, ID card, etc.)*

Country/State: \_\_\_\_\_ Document Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_  
*Authorized Recipient's Signature*