OLLRCS Volunteer Requirements

_Background Check
form in Volunteer packet
office will make a copy of the driver's license

_Virtus Training
Link can be found through your Factsmgt portal
or at The Diocese of Gaylord Website

_Blood borne Pathogens
Power Point slide deck can be found through your Factsmgt portal

_List of Hazardous Chemicals
Located in the school for review.

_OLLRCS Volunteer Checklist

Volunteering over 8 hours

_All the above &
Live Scan Fingerprints
form in the office.

OLLRCS Volunteer Checklist

☑ Box

I completed the Diocese background check form & provided drivers license.

I completed Virtus training online.

I signed the confidentiality & behavior policy

I have been informed of where the MSDS sheets are & have signed the hazardous list of chemical location form. (Located in maintenance office)

I have read and signed the Code of Conduct Protocols for Ministry to Minors

I completed the emergency data form.

I have signed the volunteer waiver & release of liability & indemnity agreement.

I have reviewed the blood borne pathogens sheets & signed form.

I have filled out the volunteer application.

I have been informed of the school layout & grounds.

I reviewed the playground & cafeteria rules/restrictions. (See binder in kitchen)

I know not to use any student bathroom & have been informed which ones to use.

I have been informed of where to find injury report forms.

I have been informed of where the first aid supplies are.

I have been shown how to use the EpiPen.

I have been directed in what to do for a:

Fire Drill

Tornado

Lock Down & Lock Out

Medical Emergency

Protocol for injuries (Students/Staff/Volunteers)

If serving food from kitchen, I have taken the class & taken the tests.

I understand although the job is voluntary, commitment is professional.

I understand that the emergency go bag and bull horn must be taken out during recess & kept with a lunch volunteer at all times.

TB test maybe required when working in the Young 5's/Kindergarten classroom.

Volunteers who spend 8 or more hours per month with the students maybe required to have fingerprinting done. Please see office for further information. circ

Volunteers who drive students on a field trip will need to provide the office with vehicle ins. Info.

Volunteer signature.

Date:

CRIMINAL BACKGROUND CHECKS & VIRTUS REQUIREMENTS FOR SCHOOLS AND PARISHES

FINGERPRINTS, ICHATS, & VIRTUS:

All School Employees

All School Volunteers who are expected to have regular contact with minors eight (8) or more hours each month

ICHATS & VIRTUS ONLY:

All School Volunteers who are expected to have regular contact with minors less than eight (8) hours each month, or for extended hours intermittently

All Parish Employees

All Parish Volunteers who are expected to have regular contact with minors each month, or for extended hours intermittently

All certified catechists and those seeking certification

All Homebound Ministers

ICHATS ONLY:

Parish Volunteer Money Counters

NOTHING REQUIRED:

Other Parish Ministerial Volunteers (for example, Eucharistic Ministers, ushers, altar servers, lectors, greeters, sacristans, choir, musicians, parish council members, finance council members)

DIOCESE *of* GAYLORD

BACKGROUND CHECK AUTHORIZATION and RELEASE FORM

(Please be sure to print clearly)

Please submit a copy of your Driver's License or State ID for verification of your legal name.

LEGAL Name (First, Middle, Last): _____

Any other name(s) (maiden *and/or* aliases). If none, please write "None": _____

Address: _____ Date of birth: _____/_____/_____

Race: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Unknown/Other ☐ American Indian/Alaska Native
Sex: ☐ Female ☐ Male

Years residing in Michigan: _____ What years? _____

How to contact you (by phone and email): _____

Verification:

☐ I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes nor am I under pending arrest or indictment for a crime.

☐ I have been convicted of, or pled guilty or nolo contendere (no contest) to or I am under pending arrest or indictment for the following crimes (describe the crime and list the particulars of the conviction here or on an attachment): _____

Authorization and Release (Please read prior to signing)

I understand and acknowledge that the Diocese of Gaylord or its parishes, including their schools, will conduct a background investigation in connection with a conditional offer of employment, contractual service or service in a volunteer capacity. These inquiries will be made according to applicable federal and state laws (e.g., *see* Section 3(a) of the National Child Protection Act of 1993) and according to the policies and practices of the Diocese of Gaylord. These inquiries may be repeated at the discretion of the Diocese or the related parish, including their schools, in which I am employed or serve on a contractual or voluntary basis in order to determine whether to terminate existing employment or contractual or voluntary service and/or to determine whether to allow me to continue to serve. I authorize any individual, private or public company, firm, corporation or public agency to disclose and otherwise provide any and all of the above-mentioned information, verbal or written, pertaining to me, to the Diocese of Gaylord or its parishes, including their schools, or their agents. I understand that my ethnicity, date of birth, gender and my age will not be made a part of my Employment, Contractual or Volunteer Application and that none of these four (4) items will be considered in the review of my Application. Further, a photocopy of this Authorization is deemed as valid as the original for purposes of conducting the necessary investigation.

For a background check that is fingerprint-based, I understand that, upon request, I am entitled to receive a copy of a background check report and may challenge the accuracy and completeness of the information contained in the report. Also, I understand that I may obtain a prompt determination as to the validity of such challenge before a final determination is made by the authorized State of Michigan agency. For a background check utilizing a company that is in the business of compiling background information, I understand that, upon request, I am entitled to receive a copy of the investigative report from the reporting company within sixty (60) days and may dispute the accuracy or completeness of the report. I further understand that the Diocese of Gaylord or its parishes, including their schools, may deny me unsupervised access to a child to whom it provides service prior to the completion of the background check and may take adverse action regarding my employment, contractual or volunteer services, potential or actual, after procurement of the above-mentioned information and report. I hereby release the Diocese of Gaylord, its parishes, including their schools, agents, employees, officials, representatives or assigns from any and all liability or damages of whatever kind, which may, at any time, result to me, my spouse (if any) my heirs, assigns, employees or agents in any way related to the information obtained as a result of this Authorization and Release. I understand the information received will be kept confidential and will be used only to determine my suitability to be employed by or provide contractual or volunteer services to the Diocese of Gaylord, and/or its parishes, including their schools.

_____ _____

Signature Date

Rev. 1/2022

Volunteer Confidentiality & Behavior Policy

In the course of working with students in classroom settings, school activities, or accompanying students on field trips away from school, volunteers may occasionally develop their own opinions or insights, or become aware of possible sensitive information regarding students or their families. Any such opinion, insights, or information should be held in confidence by the volunteer.

If the information potentially involves abuse or other harm to the student or other, the volunteer should convey the information to the Administrator immediately. When in doubt as to the nature of the information, the volunteer should discuss the information with the Administrator.

In the course of working with students inside or outside, cells phone will be used in an emergency only situation, all personal calls will take place outside of school. When on school grounds there will be no smoking, drinking, or obscene language. Talking in private with another volunteer should occur after volunteer duties are completed.

Volunteer: _____
Print Name

_____
Signature

Administrator: _____

Pastor: _____

Date: _____

List of Hazardous Chemicals

A list of all hazardous chemicals used by OLLRCS is located in the maintenance room. Further information regarding any of these chemicals can be obtained by reviewing its respective MSDS/SDS.

Materials which can be purchased by the ordinary household consumer, and which are used for the intended purpose and amount as by the ordinary household consumer, are not required to be included in this list.

Signature **Date**

_____ _____

CODE OF CONDUCT
PROTOCOLS FOR MINISTRY TO MINORS

The following Protocols for Ministry to Minors are applicable to all persons (clergy, religious, school/program administrators, school counselors, teachers, catechists, youth ministers, support staff, coaches, school/program volunteers) employed by or a volunteer in any of the parishes and institutions of the Diocese of Gaylord. These protocols are to help in the creation of a safe, appropriate, and Christian environment for minors and their relationships with adults in church ministry. (Adopted May, 1996)

Ministry to Minors:

1) Minors should always be viewed -- whether in a social or ministerial situation -- as the restricted individuals they are, that is, they are not independent. Wherever they are and whatever they do should be with the explicit knowledge of the parents or guardian. Also, they are subject to specific civil laws in their own proper state and city which may prohibit certain activities. They are not adults and are not permitted unfettered decisions. Any and all involvement should be approached from this premise.

2) Caution and professional attitudes are to be observed in all interactions with minors.

3) An adult should attempt never to be alone with a minor in the rectory, parish residence, school or parish facility, or in a closed room.

4) In meeting/counseling situations involving a minor, excluding sacramental reconciliation, the presence or proximity of another adult is encouraged. However, in those situations where the presence of another adult is not usual or practical (e.g., piano lessons, disciplinary meeting with administrator, etc.), the doorway should be left opened if at all practical.

5) A minor should be allowed only in the professional section of a rectory or parish residence; not in the living quarters.

6) Minors should be permitted to work in the rectory, parish residence, school or parish facility only when there are at least two adults present.

7) An adult should not engage in games or other sports activities with one minor unless a second adult is present.

8) A group of minors should only engage in games or sports activities in the presence or proximity of at least one adult.

9) An adult should try to avoid being the only adult in a bathroom, locker room or other dressing area whenever minors are using such facilities.

10) Youth group trips should have at least one adult chaperone for every ten minors.

11) While on youth group trips, the adults should maintain a professional stature and socialize appropriately with students.

12) One adult should never engage in an overnight trip with a minor.

13) While on youth group trips, the adults should never stay alone overnight in the same motel/hotel room with a minor, even if there are two beds.

14) Adults should take care to avoid the risk of becoming a father/mother figure to a minor.

15) Comments of a sexual nature should generally not be made to any minor except in response to a specific classroom, or otherwise legitimate, question from a minor.

17) Adults should never supply or serve alcohol or any controlled substance to minors. On those occasions when alcohol is served or consumed as part of a parish or school social activity, the alcohol must only be served and consumed by adults. Minors present should be supervised and denied access to alcohol.

18) Adults are not to engage in any pornographic material to include the acquisition, possession, and distribution of child pornography.

19) Reflection on the words of Christ regarding children is a healthy meditation before any involvement with a minor/minors, and a salutary reflection and examination after each involvement. (Mt. 18:6; Mk 9:42; Lk 17:2; Mk 10:13-16).

20) The sacristy door of the church should always be open whenever minors are present within the sacristy.

21) The Sacrament of Reconciliation should be celebrated in the place in the church so designated for this purpose. Only extreme inconvenience or impossibility would be an acceptable excuse.

Counseling Minors:

1) The counseling of a minor must take place only in the professional portion of a rectory or school/parish facility.

2) The office or classroom door should have a window or be left open during counseling.

3) If possible, another adult should be in close proximity during any counseling session.

4) Unless the subject matter precludes their presence or knowledge, parents or guardians of minors should be made aware of the counseling session.

5) The relationship between adult and minor must always remain professional during the counseling session.

6) An adult should try to recognize any personal/physical attraction to or from a minor, and the minor should then be referred to another qualified adult or licensed professional.

7) If counseling is expected to extend beyond two sessions, evaluation of the situation should be made with the parents or guardian, an advisor, or licensed professional.

8) Careful and appropriate boundaries concerning physical contact with a minor must be observed at all times.

_____ Signature Date_____

Revised: September 2014

OUR LADY OF THE LAKE SCHOOL

3200-School-Form 9

EMERGENCY DATA FOR PERSONNEL

Name _____ Home Phone _____

Address _____
Street City/State Zip

_____

Doctor _____
Name Address Phone

Hospital _____
Name City AC Number

Special Health Problems or Allergies _____

_____

_____

FIRST PERSON to be Notified in Case of an Emergency:

Name _____ Relationship _____

Phone _____ Address _____

City/State/Zip _____

SECOND PERSON to be notified (in the event the first person cannot be reached):

Name _____ Relationship _____

Phone _____ Address _____

City/State/Zip _____

VOLUNTEER WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I _____ of _____ acknowledge and agree that I am offering my services to _____ Church/School as a volunteer and not as an employee or independent contractor.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY AND ALL VOLUNTEER SERVICES I MAY PROVIDE, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of myself or the persons or entities being released from dangerous or defective facilities, equipment, fixtures, hazardous materials or property owned, maintained, or controlled by them.

I certify that I am physically and mentally able to perform the services for which I have volunteered.

In consideration of my application and/or permitting me to participate in the services, activities and projects desired, I hereby take this action for myself, my executors, agents, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me directly or indirectly as a result of any volunteer services, activities or projects I may be involved in, including while traveling to and from those services, activities or projects THE FOLLOWING ENTITIES OR PERSONS: _____ Church/School, Diocese of Gaylord, Bishop Steven J. Raica, Roman Catholic Bishop of the Diocese of Gaylord, and successors in office, any or all of their directors, pastors, employees, administrators, principals, volunteers, representatives, attorneys and agents, together with any and all sponsors, and organizers;

(B) I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons and entities herein released from any and all liabilities or claims made as a result of participation in the volunteer services, activities, or projects whether caused by the negligence of those released, myself, or others.

This WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT shall be construed broadly to provide a release and waiver and indemnity to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND INDEMNITY AGREEMENT I SIGN IT OF MY OWN FREE WILL.

WITNESS:

VOLUNTEER:

_____
Witness Signature

_____
Signature

_____
Volunteer's Name (Please print legibly)

Dated: _____, 2017

DIOCESE OF GAYLORD † OFFICE OF CATHOLIC SCHOOLS

Bloodborne Pathogens Annual Training/Review
Acknowledgement Statement

School Name: _____ City: _____

First Name: _____

Last Name: _____

Date of Birth *(mm/dd/yyyy)*: _____

Position *(check one)*: ☐ Teacher

☐ Support Staff

☐ Other

1. I have reviewed the Bloodborne Pathogens Power Point Presentation and have a full understanding of the safe practices that can assist me when dealing with situations that may have the potential danger of bloodborne pathogens.
2. I have been given the opportunity to learn more about the dangers and safety precautions of bloodborne pathogens.
3. I agree with the statement above.

Please print your completed form and return to your school principal via fax, email, or U.S. mail. Contact your school's principal if you have any questions.

Our Lady of the Lake Regional Catholic School

Parent Volunteer Form

How to Make a Report

To report allegations of sexual abuse of minors or others, regardless of when it occurred, **individuals should contact local law enforcement, the Michigan Department of Health and Human Services (855-444-3911).**

In the State of Michigan many professionals, including clergy, teachers, doctors, counselors, etc. – are mandated reporters. This means such individuals are REQUIRED to make an oral report IMMEDIATELY to the Michigan Department of Health and Human Services at the number above if they suspect a child is being neglected or abused in any way. Individuals should call the state report line which is answered 24 hours a day. There may be significant penalties for mandated reporters who fail to report suspected child abuse or neglect. The Diocese of Gaylord encourages ANYONE who has reason to suspect a child is being abused or neglected in any way to report the matter to local authorities. Such reports are confidential and may be made anonymously.

A written statement shall be signed and dated by staff and volunteers at the time of hiring or before volunteering indicating all of the following information:

(a) The individual is aware that abuse and neglect of children is against the law.

(b) The individual has been informed of the center's policies on child abuse and neglect.

(c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.

Signature_____ Date_____

Our Lady of the Lake Church
Our Lady of the Lake Regional Catholic School
1037 West Houghton Lake Drive ~ PO Box 800
Prudenville, MI 48651
Phone: 989-366-5592 Fax: 989-366-1348

Volunteer Attire Form

Volunteers in Our Lady of the Lake Regional Catholic School must follow our modest dress code, to the best of their ability. The dress code is as follows:

-No holes in jeans.
-Appropriate skirt length: no higher than 2" above the knee.
-Modest dresses.
-No gory t-shirts.
-No ball caps.

Please sign and date, with understating and acknowledging the volunteer dress code.

_____ Date: _____
Volunteer Name Printed:

_____ Date: _____
Volunteer Signature:

This form must be on file for all volunteers, prior to volunteering.