



# **StJP II VOLUNTEER PACKET**

## **Am I Volunteer Approved?**

**To become “StJP II Volunteer Approved” takes between 4-6 weeks. All of the following paperwork must be completed and turned into StJP II:**

\_\_\_ Complete the CMGConnect Safe Haven online class and print your certificate. [www.CMGConnect.org](http://www.CMGConnect.org)

\_\_\_ Complete the StJP II Volunteer Packet

\_\_\_ Consent to Perform Non-Employment Background Check pages.

PLEASE USE YOUR NAME AS IT APPEARS ON YOUR DRIVERS LICENSE. THIS SHOULD BE THE SAME NAME YOU REGISTERED IN CMGConnect.

\_\_\_ Read and Sign the Volunteer’s Code of Conduct page.

\_\_\_ Picture taken for a StJP II Volunteer Badge - Pictures are taken every Friday at the front desk.

\_\_\_ Sign Up to be a parent volunteer and view volunteer opportunities at [www.jp2.org/community/volunteer](http://www.jp2.org/community/volunteer)

**\*\*Your CMGConnect Safe Haven class and StJP II Volunteer packet must be renewed every 5 years.**

**Please visit our website, [www.jp2.org](http://www.jp2.org), for all information regarding the volunteer process and taking CMG Safe Haven Online Training.**

# CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK FOR VOLUNTEERING ACTIVITIES AT ST. JOHN PAUL II CATHOLIC SCHOOL

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**Last Name** (your full name as it appears on your driver's license) **First Name** **Middle Name** **StJPII ID #**

Maiden or other name(s) used in any and all other records of birth or records of residence.

Address

Apartment or #

City

County

State

Zip

Date of Birth

Social Security Number

Gender

Race

In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize St. John Paul II Catholic School and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to St. John Paul II Catholic School's use of any information provided on this form or during the application process in performing the non-employment related background check. I agree to release, indemnify and hold harmless St. John Paul II Catholic School and any agency used by St. John Paul II Catholic School with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of St. John Paul II Catholic School. I acknowledge that facsimile, copy or electronic version of this form shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. ☐ YES ☐ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State:

County:

Date of Offense:

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Details of conviction:

2. ☐ YES ☐ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State:

County:

Date of Offense:

Details of offense:

3. \_\_\_\_YES \_\_\_\_NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of supervision:

4. \_\_\_\_YES \_\_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction:

5. \_\_\_\_YES \_\_\_\_NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

**CITY/TOWN**

**COUNTY**

**STATE**

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT THIS WILL BE GROUNDS FOR DENYING OR TERMINATING MY ABILITY TO PROVIDE VOLUNTEER SERVICES FOR ST. JOHN PAUL II CATHOLIC SCHOOL**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

APPLICANT/VOLUNTEER (PRINT NAME) \_\_\_\_\_ /StJP II ID# \_\_\_\_\_

APPLICANT/VOLUNTEER SIGNATURE \_\_\_\_\_

# Archdiocese of Galveston-Houston

## Volunteer's Code of Conduct

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As a community of faith we are committed to safeguard our children and youth, the most important gifts God has entrusted to us. The following rules and regulations reflect that commitment and are a condition of volunteer ministry

\_\_\_\_\_, \_\_\_\_\_  
(Name of Parish, School or Facility)

\_\_\_\_\_  
(City)

### As a volunteer, I will:

- ✍ Safeguard children and youth entrusted to my care at all times.
- ✍ Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- ✍ Avoid situations where I am alone with a child or youth at church/school activities.
- ✍ Use positive reinforcement rather than criticism, competition, or comparison when working with children or youth.
- ✍ Refuse to accept expensive gifts from children or youth or their parents without prior written approval from the pastor or administrator.
- ✍ Refrain from giving inappropriate, personal gifts to children or youth.
- ✍ Report suspected abuse or neglect to *Child Protective Services* (800.252.5400) or local police department. I understand that failure to report suspected child abuse is a violation of Texas law.
- ✍ Cooperate fully in any investigation of abuse or neglect of children and/or youth.

### As a volunteer, I will not:

- ✍ Espouse any view contrary to the teachings of the Catholic Church during my volunteer ministry.
- ✍ Smoke or use tobacco products on parish property and/or in the presence of children or youth.
- ✍ Use, possess, or be under the influence of alcohol or illegal drugs at any time while volunteering.
- ✍ Spank, shake, or slap children, youth or any person.
- ✍ Humiliate, ridicule, threaten or degrade children, youth or any person.
- ✍ Strike or touch a child, youth or any person in a sexual or other inappropriate manner.
- ✍ Engage in any conduct that frightens or humiliates children, youth or any person.
- ✍ Commit an illegal or immoral act in the presence of children and/or youth.
- ✍ Use profanity in the presence of children and/or youth.
- ✍ Sexually harass any person, e.g., requests for sexual favors, sexually explicit statements, etc.

As a volunteer, I promise to strictly follow the rules and guidelines in this Code of Conduct. I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I agree to notify the Archdiocesan SAFE ENVIRONMENT Coordinator within 30 days if I have been charged with, convicted of, granted deferred adjudication or plead nolo contendere to any felony or any misdemeanor involving moral turpitude. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer.

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Name of Ministry/Activity in which I volunteer

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date