

May 2023

To Our Lady of Grace School parents and guardians,

One area of great concern for Our Lady of Grace School is the safety of our students. To help maintain safe environments for our students, Fr. Lauro has implemented the *Our Lady of Grace Policy for School Volunteers*. Every adult volunteer that works in any capacity with Our Lady of Grace School students must successfully complete each of the requirements listed below:

VOLUNTEER REQUIREMENTS – CONTACT WITH MINORS			
FREQUENCY	REQUIREMENT	COST	NOTES
Annual	OLG Volunteer/Group Member Registration Form	n/a	Form Attached Must submit a copy of a photo ID with the form
Once	Live Scan Fingerprint Service		Form Attached
		\$73	Onsite at OLG: Service Dates to be provided separately Cost to be billed to FACTS Incidentals (<i>OLG School Families only</i>)
		Location Dependent	Offsite Locations can be found at the website below: https://oag.ca.gov/fingerprints/locations?county=San%20Diego
Every Five Years	CMG Connect Training Safe Environment Curriculum – San Diego	n/a	CMG Connect Training Instructions Attached
Every Five Years	CMG Connect Training Background Check – (San Diego)	n/a	CMG Connect Training Instructions Attached

Volunteers are processed according to the dates below:

VOLUNTEER PERIOD	VOLUNTEER FORM MUST BE RECEIVED BY	ALL VOLUNTEER REQUIREMENTS MUST BE COMPLETED SUCCESSFULLY BY
August 23, 2023 – June 30, 2024	June 9, 2023	July 31, 2023
November 1, 2023 – June 30, 2024	June 9, 2023	October 19, 2023
February 1, 2024 – June 30, 2024	June 9, 2023	January 19, 2024

The list of approved volunteers is considered confidential data and will be secured appropriately. Only the OLG School Principal, Mrs. Erin Mares and the OLG School Volunteer Coordinator, Mrs. Linda Peters, will have access to the list of approved volunteers. To ensure we maintain safe environments for OLG School students at all times, all volunteer activities must be coordinated through the OLG School Volunteer Coordinator.

If you have completed any of the requirements listed above at another location in the Diocese of San Diego, please contact me at pkane@olg-church.org or 619-433-0199.

Thank you for your support of our school. I sincerely appreciate your cooperation and support of this very important policy. Please don't hesitate to contact me with any questions.

Respectfully,

Mrs. Patricia Kane

Mrs. Patricia Kane
Business Manager

VOLUNTEER / GROUP MEMBER REGISTRATION

Full Name _____
Please Print Last Name First Middle

Address _____ Home Phone: _____
 _____ Mobile Phone: _____

Email _____ Photo ID Attached

VOLUNTEERS

I am interested in volunteering at: OLG Parish OLG School

OLG School Volunteers complete the following:

Current OLG School Student Name	Grade	Relationship (i.e. Parent, Grandparent, aunt, etc.)
_____	_____	_____
_____	_____	_____

GROUP MEMBERS:

Groups I am a member of: _____

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold
Volunteer/Member Full Name (Please Print)
 harmless and defend Our Lady of Grace Parish and the Roman Catholic Bishop of San Diego, and their respective clergy, officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in any Our Lady of Grace sponsored activity.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____ Relationship to me: _____
 Primary Phone: _____ Secondary Phone: _____

 Signature / Date

PHOTO/VIDEO RELEASE

I grant permission for Our Lady of Grace Parish and Our Lady of Grace School (collectively "OLG"), their respective employees, representatives, or volunteers, to photograph or record on audio or video (tape or digital) me for purposes of furthering the mission of OLG. Photos, audio or video may only be used in printed materials and any other visual display or media sponsored by OLG. I understand that such photos and/or video recordings will be used for OLG related purposes only and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

AGREE DECLINE

 Signature / Date

CERTIFICATION

I certify that the information provided on this form is true and complete. If accepted as a volunteer or group member, any misstatement or omission of fact on this form may result in suspension of my services.

I further understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and procedures and are required to undergo a state and federal criminal background check. I grant permission to check my background and release Our Lady of Grace Parish and the Roman Catholic Bishop of San Diego from any and all liability that may result.

 Signature / Date



CMG CONNECT TRAINING School Volunteer

1. To complete the training, each volunteer will need:
 - a. A personal email address (email addresses cannot be used by more than 1 user)
 - b. A computer with internet access and speakers/headphones.
2. Go to: sandiego.cmgconnect.org
3. Sign on to CMGConnect
 - a. If you have already registered with CMG Connect, click **Sign In** in the upper right corner and use your existing credentials to log in. If you cannot remember your password, please click on **Forgot Password?**
 - b. If you are not yet registered with CMG Connect, set up an account by completing the required fields under **Register for a New Account** and click **Next Step**

Affiliation Tab

Select

Our Lady of Grace School – EL CAJON

(Locations are not in alphabetical order.)

Scroll down until you locate Our Lady of Grace School)

Select

Volunteer

REQUIRED TRAINING CURRICULUMS WILL BE IDENTIFIED ON YOUR DASHBOARD

Background Check (San Diego)

Safe Environment Curriculum – San Diego

(**Safe Environment Curriculum – San Diego** takes approximately 75-85 minutes to complete and is comprised of 10 modules including videos and questions/answer pages. Each user can proceed through the training at their own pace. It is not necessary to complete all 10 modules in a single sitting. The videos can be paused, restarted or started over completely, but there is no option to rewind or fast forward)

▶ Start Curriculum

USCCB Role = **Volunteer**

For each Required Training, click → **Start Curriculum** and proceed through all required modules. CMG Connect will keep track of your progress and record the date/time of your successful completion of each Required Training.

**Please print the certificate of completion for each Required Training
and submit to the OLG School Office.**



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AM218
ORI (Code assigned by DOJ)

VOLUNTEER/VCA
Authorized Applicant Type

VOLUNTEER
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

OUR LADY OF GRACE SCHOOL
Agency Authorized to Receive Criminal Record Information

22645
Mail Code (five-digit code assigned by DOJ)

2766 NAVAJO RD
Street Address or P.O. Box

PETER MCGUINE
Contact Name (mandatory for all school submissions)

EL CAJON CA 92020
City State ZIP Code

(619) 469-0133
Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number _____
(Agency Billing Number)

Misc. Number _____
(Other Identification Number)

Place of Birth (State or Country) _____ Social Security Number _____

Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Street Address or P.O. Box Telephone Number (optional)

N/A N/A N/A
City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

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.

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.

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.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

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.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

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>.

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. 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.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)