

VOLUNTEERING at HOLY SPIRIT SCHOOL

All persons wishing to volunteer with children in the Diocese of San Jose must have fingerprint clearance through the FBI & Department of Justice, complete an online Safe Environment Training, and sign an Adult Volunteer Waiver form PRIOR to volunteering IN ANY CAPACITY.

*****PreK volunteers must also submit proof of a TB test; flu, pertussis and measles immunizations.***

Fingerprint Clearance

- Fingerprint clearance through any other organization WILL NOT SUFFICE.
 - Only a clearance through the Diocese of San Jose will meet this requirement.
 - If you believe you have such a clearance, please email Mrs. Jones at claudia.jones@dsj.org with the name of the school or parish and approximate date of the clearance so that she may get confirmation from the DSJ office.
- **NEARBY CAMPBELL LOCATION IS AVAILABLE FOR FINGERPRINTING**
 - **Verify Group (262 E. Hamilton Avenue, Suite A – map attached)**
 - Call 408-761-2156 to make an appointment (9am-5pm), Monday through Friday.
 - Walk in from 9am-5pm, Monday through Friday.
 - Express Service, Saturdays, 9am-12noon.
 - Fee is \$67 per person.
- **The form you must complete & bring with you to Verify Group is attached.**
 - Once the form has been signed and dated by the Live Scan technician, ***please return a copy to the school office to the attention of Mrs. Jones.***
 - When your fingerprints clear, HSS will be notified by the Diocese and then notify you.
- ***At this time you need only be fingerprinted once for all the years you are here so if you have already been printed, THERE IS NO NEED TO DO IT AGAIN! ☺***

Safe Environment Training – “Protecting God’s Children”

- ***The link to the online training is: www.virtusonline.org (English or Spanish)***
- This training should take about 60 minutes to complete.
- Once you log in as a new user, several screens will come up to lead you to the appropriate training module. The first response is to choose “San Jose (Diocese)”. The required course you will choose is “Protecting God’s Children” (PGC).
- ***It is necessary that everyone completing the program provide the office with a copy of the completion certificate found at the end (it can be emailed to claudia.jones@dsj.org, faxed to 408-268-5281, or a hard copy dropped off in the office).***
- ***This training is required to be repeated every three years.***

Adult Volunteer Waiver Form

- The Diocese of San Jose requires a signed waiver be on file, PRIOR to any adult volunteering in a school or parish.
- The Adult Volunteer Waiver Form is attached here. ***Please complete all fields, sign and return to the school office. The form can be emailed to claudia.jones@dsj.org, faxed to 408-268-5281, or a hard copy dropped off in the office.***



VERIFY group, inc.

- Hours

Monday-Friday: 9am-5pm

Saturdays from 9am to Noon!

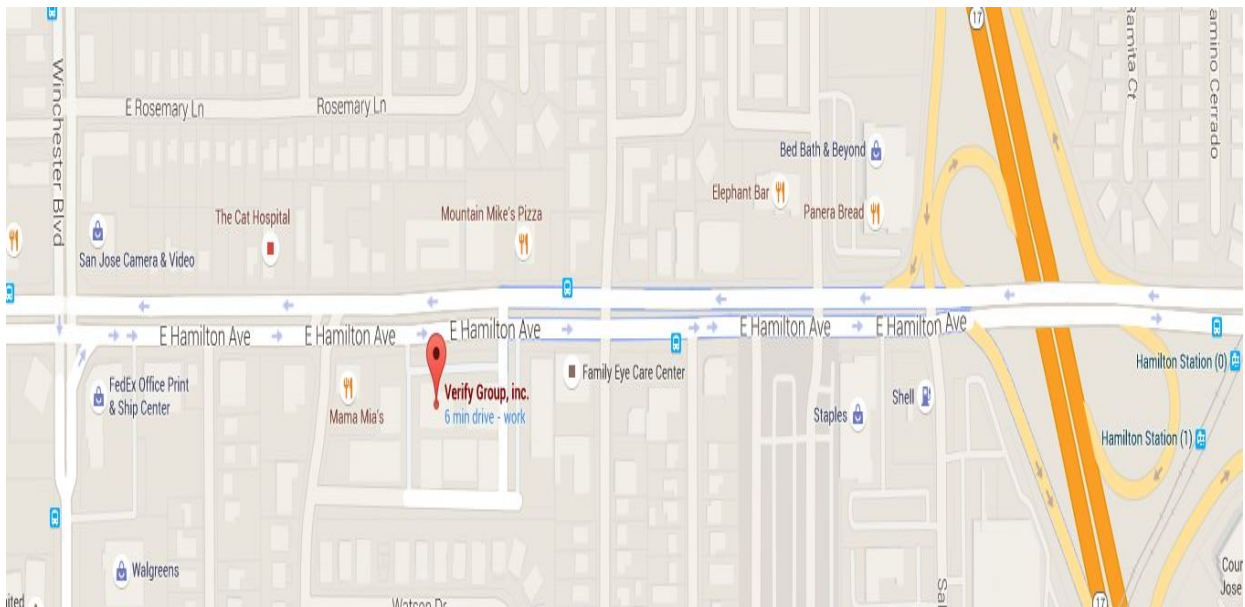
We provide mobile services to GROUPS 10+ any day of the week!

No appointment needed!

- Address

262 East Hamilton Avenue Suite A, Campbell, CA 95008

We are right next door to Mama Mia's and a short walk to the Light Rail stop





REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3251
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

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

Contributing Agency Information:

Diocese of San Jose
Agency Authorized to Receive Criminal Record Information

01182
Mail Code (five-digit code assigned by DOJ)

1150 North First Street, Suite 100
Street Address or P.O. Box

Patricia Weis
Contact Name (mandatory for all school submissions)

San Jose CA 95112
City State ZIP Code

408-983-0149
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 130068
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number _____
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: 321 – Holy Spirit School
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

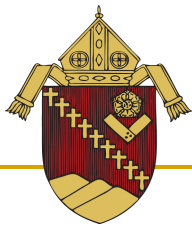
Live Scan Transaction Completed By:

Name of Operator
Verify Group, inc.

Date \$20.00

Transmitting Agency LSID

ATI Number Amount Collected/Billed



Diocese of
San Jose

Insurance & Risk Management

Volunteer Activity Waiver Form

Appendix F

General Liability

Parish/School/Location Information	
Location Name: Holy Spirit School	Location #: 321
Location Address: 1198 Redmond Avenue San Jose, CA 95120	Telephone: 408-268-0794
Contact Name: Claudia Jones	Facsimile: 408-268-5281
<p>NOTICE TO ALL PARISH/SCHOOL ADMINSTRATORS – THE VOLUNTEER WAIVER MUST BE KEPT ON FILE AT THE PARISH/SCHOOL IN CASE OF AN EMERGENCY. IF AN INCIDENT DOES OCCUR PLEASE REPORT ALL INCIDENTS TO THE DIOCESAN INSURANCE AND RISK MANAGER, THERESA.LAVOUN@DSJ.ORG WITHIN 24 HOURS. A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE ANNUALLY.</p>	
Volunteer Personal Information	
Volunteer Name:	Telephone:
Home Address:	Email:
Supervisor Name:	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Activity Information	
Date of Activity: Various	Name of Activity: Various
Description of Activity: Various	
Waiver Authorization	
<p>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</p> <p>TO THE EXTENT PERMITTED BY LAW, I HOLD THE PARISH/SCHOOL AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I /MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE. I ATTEST THAT I AM/MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</p> <p>IN THE EVENT THAT I/MY CHILD BECOME(S) ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER MEDICAL TREATMENT(S), INCLUDING BUT NOT LIMITED TO X-RAY, EXAMINATION, OR HOSPITAL CARE, CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL AND/OR OTHER MEDICAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME/MY CHILD TO PARTICIPATE IN ANY ACTIVITY ASSOCIATED WITH THIS EVENT.</p>	

Further, the novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine for COVID-19. COVID-19's highly contagious nature means that contact with others, or with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

Therefore, I acknowledge the contagious nature of COVID-19 and the fact that it can be difficult to identify in another person, and the inherent risks of exposure at this event to those who may be infected with COVID-19. I voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, or other infectious virus or disease, by participating in this event and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.

I/my child further acknowledge that the CDC and many other public health authorities continue to recommend social distancing and other protective measures to prevent the spread of COVID-19. I/my child acknowledge that I/my child must comply with all set procedures to reduce the spread of COVID-19 while volunteering.

I/my child understand that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE have put in place new rules and precautions in order to mitigate the spread of COVID-19, which rules and precautions may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I/my child agree to comply with such rules and precautions which may include, but are not limited to, wearing a face covering, hand washing, hand sanitizing, and social distancing.

I/my child understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I/my child understand that the risk of becoming exposed to or infected by COVID-19 during my volunteer service may result from the actions, omissions, or negligence of myself and others, including, but not limited to, priests, parish/school/diocesan staff, volunteers, and other parish/school/diocesan workers, including their families. I/my child recognize that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE cannot limit all potential sources of COVID-19 infection and cannot guarantee that I/my child will not become infected with COVID-19.

I/my child voluntarily serve(s) the PARISH/SCHOOL AND DIOCESE OF SAN JOSE and I acknowledge that, by serving, I am/my child is increasing the risk of exposure to COVID-19. I/my child voluntarily assume full responsibility for any and all risks of illness or injury associated with my/my child's exposure to COVID-19, or other infectious virus or disease, as well as from use of any protective equipment, including face coverings, that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE may voluntarily provide to me/my child.

I hereby attest that:

- 1. I am/my child is not experiencing any symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.*
- 2. I have/my child has not traveled internationally within the last 14 days.*
- 3. I have/my child has not traveled to a highly impacted area within the United States of America in the last 14 days.*
- 4. I do not believe I have/my child has been exposed to someone with a suspected and/or confirmed case of COVID-19.*

5. *I have/my child has not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.*
6. *I/my child am/is following all CDC recommended guidelines and limiting my/my child's exposure to COVID-19.*

I agree that if I am/my child is exhibiting symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, I/my child will seek prompt medical attention, remain isolated and self-quarantine until I have/my child has been cleared by a medical professional.

I/my child hereby release and agree to hold PARISH/SCHOOL AND DIOCESE OF SAN JOSE harmless from, and waive on behalf of myself/my child, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child and/or property that may be caused by any act, or failure to act of the PARISH/SCHOOL AND DIOCESE OF SAN JOSE, or that may otherwise arise in any way in connection with any volunteer services I/my child provide(s) to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE.

I/my child understand that this release discharges the PARISH/SCHOOL AND DIOCESE OF SAN JOSE from any liability or claim that I/my child, my heirs, or any personal representatives may have against the parish with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any volunteer services provided to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE.

This liability waiver and release extends to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE together with its clergy, staff, and other volunteers.

Participant Signature: (Parent signature if volunteer is under 18)	Date Signed:
---	--------------

Internal Use Only

Waiver Received By:	Date Received:
---------------------	----------------

Updated 07/2020