



### Fingerprinting & Screening Policy

The league will operate in accordance with the Archdiocesan policies regarding the screening and training of Athletic Directors, coaches and other adults with regular unsupervised contact with children. All head coaches must be fingerprinted and assistant coaches' background checked in compliance with the Archdiocesan requirement. In addition, all coaches must complete "Recognizing, Reporting, and Preventing Child Abuse" training available at the Shield the Vulnerable website (<http://www.shieldthevulnerable.org>) prior to coaching in their first game on or after March 10, 2012.

Any coach under the age of 18 only needs to complete the Background Check form and "Recognizing, Reporting, and Preventing Child Abuse" training.

All names of the head coaches **and** assistant coaches must be submitted to the SFPSBL league office at the team entry due date on February 11, 2012. At this time the coaches' names will be checked for completion of the Archdiocesan policy (fingerprinting and SV training). If there are delinquent coaches, your Athletic Director will notify the SFPSBL. At the roster submission date, the league office will be notified of any coach additions or deletions and these coaches will again be checked for completion of the requirements. **If coaches names are not made available prior to the team's first game, the coach or the Athletic Director will have 48 hours to show proof of completion.**

**The coaches will have 48 hours from their first game to submit verification of completion of the requirements by fax (415-585-7225) to the SFPSBL league office.**

Coaches can be fingerprinted at 180 Howard St., SF, during regular business hours by calling 415-972-1200 to request a fingerprint appointment or at any Livescan site. Please use this OR # A2783 on the Livescan form. If you go to a Livescan site please use the OR #A2783 number so that the Archdiocese will receive your results. All results should be addressed to Deacon John Norris at the Archdiocese HQ at One Peter Yorke Way; San Francisco, CA 94109.

The Background Check Form is required of all Assistant Coaches and other volunteers (non-head coaches) per the Archdiocesan Fingerprinting/Screening Policy. Please note these words of instruction from the Archdiocese regarding the form:

- Make sure you verify the Assistant Coaches' IDs and check off that verification/confirmation on the form.
- Ensure that the person's name, identifying information, contact phone #'s are all legible.
- Athletic Directors - be sure you also sign off on it on the bottom of the form as their Director/Supervisor.
- The parish name (first entry at the top) is critical information -- remember to include it.
- The completed forms are to be returned via fax to Attn: Deacon John Norris, Archdiocese of San Francisco, fax # 415.614.5536

Again, the Assistant Coaches are not required to be fingerprinted, but they are required to complete/return the background check form, and complete the "Recognizing, Reporting, and Preventing Child Abuse" online training. [www.shieldthevulnerable.org](http://www.shieldthevulnerable.org)

**ARCHDIOCESE OF SAN FRANCISCO**

**APPLICATION FORM**

**FOR PERSONS VOLUNTEERING TO WORK WITH CHILDREN AND YOUTH**

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

Please print clearly and complete the entire document. Once completed return it to the Parish Office.

This form must be completed before you begin your work with children.

*All information will remain confidential except as set forth herein.*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

*(On a separate page, list all addresses at which you resided over the past five years)*

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ (Confirmed with photo ID) \_\_\_\_\_

Date of Birth # \_\_\_\_\_ (Confirmed with photo ID) \_\_\_\_\_

(Additional/Optional) Driver's License Number # \_\_\_\_\_ (Confirmed with photo ID) \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

List other names you use or are by which you are known \_\_\_\_\_

Volunteer ministry you wish to perform \_\_\_\_\_

Hours available \_\_\_\_\_ Day of the week available \_\_\_\_\_

Present Occupation \_\_\_\_\_

Employer/Business Name \_\_\_\_\_ Years employed \_\_\_\_\_

Employer/Business Address \_\_\_\_\_

Education completed \_\_\_\_\_

Certificates/Special Training \_\_\_\_\_

Previous experience working with children/youth in organizations, schools, parishes (Please list activity and name of organization, school, parish.)

Professionally \_\_\_\_\_

As a volunteer \_\_\_\_\_

Membership in organizations (Please list) \_\_\_\_\_

What other experiences have you had which would assist you in doing your ministry? (Please list)

**References:** Please list two references. Your references should be people who know your work and personal character.

**NAME MAILING ADDRESS PHONE**

1. \_\_\_\_\_

2. \_\_\_\_\_

1. Are you addicted to alcohol, drugs or any illegal substance? \_\_\_\_ Yes \_\_\_\_ No

2. Have you ever been convicted of a crime? (other than minor traffic violations?) \_\_\_\_ Yes \_\_\_\_ No

3. Have you ever been convicted of child neglect, abuse or sexual misconduct? \_\_\_\_ Yes \_\_\_\_ No

4. Have you ever been suspended, dismissed or asked to resign a paid

or volunteer position involving children? \_\_\_\_ Yes \_\_\_\_ No

If you answered "yes" to any of the above questions please explain:

Would you agree to undergo finger-printing if this were considered necessary? \_\_\_\_ Yes \_\_\_\_ No

I understand that the information I have provided may be verified, and used to evaluate my suitability for volunteer work, by contacting the persons, parishes or organizations named in this application, as well as, any agency (e.g. Department of Justice Child Molester Registry Program) authorized by law to provide criminal records or information to the Archdiocese. I hereby release and agree to hold harmless from liability any person, parish or organization that provides information. I also agree to hold harmless the parish, the Roman Catholic Archbishop of San Francisco, the Archdiocese, and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Print Name of Director/Supervisor of Program /Activity

\_\_\_\_\_  
Signature of Director/Supervisor of Program/Activity Date