

CHILD AND YOUTH PROTECTION COMPLIANCE FORM
SCHOOL VOLUNTEER

Name _____

School _____ City _____

- ☐ I understand that by signing the Disclosure and Authorization Form, I give my consent to the Diocese of Camden to do a background check on me.
- ☐ I have made an appointment to have my fingerprints done through New Jersey State Police. The date of my appointment is _____.
- ☐ I understand that I cannot have any contact with students in this school until the principal or safe environment coordinator (SEC) has received a copy of my clearance letter from the Office of Child & Youth Protection.
- ☐ I understand that the Diocese of Camden requires all adults in regular contact with minors to complete a safe environment training session called VIRTUS® Protecting God's Children. I am required to attend a PGC session within 60 days of initial contact with students. If I miss this deadline for whatever reason, I will not be allowed to volunteer until I have attended PGC.
- ☐ I created my VIRTUS® account on this date _____ and I notified the SEC that I did this. I will attend PGC on this date _____.
- ☐ Upon completion of PGC, I will bring a copy of my certificate of attendance to the SEC.

Signed: _____ Date: _____