



SAFE ENVIRONMENT PROGRAM

ARCHDIOCESE OF NEW YORK

Desired Qualifications for Training Facilitators

Thank you for your interest in providing your services as a volunteer facilitator. The Archdiocese and especially the Safe Environment Program sincerely appreciate your dedication to God's children and this crucial ministry.

The Safe Environment Program contracts with VIRTUS Online to provide quality training sessions for all of its facilitators. VIRTUS has provided the following list of qualifications to consider before applying to the program. Please consider them carefully, as the nature of our efforts require close adherence to strict guidelines. If you have specific questions, please feel free to contact the Safe Environment Program Office.

- Age 18 or older.
- Pass a background and reference check
- Excellent communication, presentation, and organizational skills.
- Experience speaking in front of large groups and answering their questions.
- Ability to dedicate adequate time to the program:
- Attend two full (8-hour) days of VIRTUS training.
- Attend/Observe one 3.5-hour training session conducted by a VIRTUS trainer.
- Conduct a local 3.5-hour training session once per month for twelve months (maximum commitment; it may be less).
- Read 24 training bulletins and another 12 facilitators' bulletins per year (each bulletin can be read on-line and takes only 5-10 minutes to complete).
- Complete annual recertification course on-line that takes approximately 45 minutes.
- Internet access on a regular basis
- Complete application submitted to the Safe Environment Office.

In addition, although not a mandatory requirement, we have a great need for facilitators who are bilingual, especially in Spanish. Please be certain to indicate any other languages you may speak on the application.



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Protecting God's Children™ Facilitator Application

Thank you for the generous offer of your time and talents to provide the Protecting God's Children program to the people of the Archdiocese of New York. Facilitator applicants for Protecting God's Children must complete this form, provide references, and be willing to submit to a thorough background check—including a comprehensive criminal background check—as part of the screening process. Your signature and initials in the appropriate places on the application are required prior to processing your application.

Please complete this form and return it to **the address listed at the end of the application.**

Please **PRINT** your name: _____

Address: _____

City, State, Zip: _____

Phone: Daytime: _____ Evening: _____ Cell (Optional): _____

E-mail: _____

Parish/Pastor _____

Internet Access: Yes: _____ No: _____

Social Security Number: _____

Drivers License: State: _____ Number: _____

Check here if you have had a criminal records check with the Archdiocese of New York in the past three years.

Approximate date of records check: _____

Volunteer Experience:

Please list your volunteer experiences with current and previous parishes and church organizations and with other civic or non-profit organizations. (use back if needed)

Organization	Duties	Dates	Contact	Phone



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References:

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family member				

Has any parish, school, facility, organization, or faith community terminated your volunteer service?

Yes: _____

No: _____

If yes, please explain:

Have you ever been accused of physically, sexually, or emotionally abusing a child?

Yes: _____

No: _____

If yes, please explain:

Where, or from whom, did you hear about the program for training Protecting God's Children Facilitators?



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Why are you applying to be trained as a Facilitator?

What gifts and talents do you bring to being a Protecting God's Children Facilitator?

List the previous training and education you have had that will enhance your ability to serve as a Facilitator for the Protecting God's Children program.

Why do you want to be involved in delivering this program to the Archdiocese? What do you intend to accomplish by your participation as a Protecting God's Children Facilitator?

Are there any time constraints that affect your ability to train parishioners throughout the next year?

What are your other community and volunteer commitments?



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PLEASE PRINT CLEARLY

Educational History:

School name and address (City, State Zip)	Type of School	Name of Program or Degree	Completed? Yes or No?

Employment History:

Dates of employment (Start with most recent)		Company name/address (City, State Zip)	Immediate supervisor and phone number	Position held	Reason for leaving
Started:					
Ended:					
Started:					
Ended:					
Started:					
Ended:					



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In addition to English, do you speak any other languages?:

	LIGHT	MODERATE	FLUENT
Spanish			
Polish			
Portuguese			
Mandarin Chinese			
Vietnamese			
Creole			
American/International Sign Language			
Other			

The Archdiocese of New York appreciates your willingness to share your faith, gifts, and skills. Providing a quality program to educate the Catholic community about child abuse and preventing harm to our children and youth is a priority for us. The information gathered in this application is designed to help us assure that we are providing the highest quality programs for the people of our community.

Please read and initial each of the statements below.

	I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my involvement with the Protecting God's Children program.
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	I hereby authorize the Archdiocese of New York and/or its agent to conduct a personal and professional background check for the purposes of my application to train as a Facilitator for the Protecting God's Children program. At this time, and until informed in writing to the contrary, I hereby authorize and direct the release to the Archdiocese of New York and/or the authorized agent of the Archdiocese of New York any information concerning: employment, education, criminal record, allegations of abuse or sexual harassment, and/or any other relevant information. I hereby release and agree to hold harmless from liability any person or organization that provides information to the Archdiocese of New York, and the employees, officers and directors of the Archdiocese of New York, or any authorized representatives of the Archdiocese of New York as a result of this application.
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	I grant permission for the Archdiocese of New York to conduct a criminal background check, arrest records check, and abuse registry check, for the purposes of my application to be a Facilitator for the Protecting God's Children program.
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	I understand that a thorough background check will be conducted prior to and during my service and I authorize the Archdiocese to investigate all statements contained in the application.
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	I agree to conduct training according to the program guidelines and policies for the Protecting God's Children program as customized for the Archdiocese of New York.
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	I hereby waive any right that I may have to inspect any information provided about me by references or any representative of organizations and entities previously mentioned in this application or a personal interview.
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I understand that the Archdiocese of New York has a ZERO TOLERANCE for child abuse and takes all allegations of child abuse seriously. I further understand that the Archdiocese cooperates fully with the authorities to investigate all cases of alleged child abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

I understand that I can withdraw from the application process at any time.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform the Archdiocese of New York of the contents of a sealed criminal record will result in the automatic denial of the application.

My signature indicates that I have read and understood the above stated information within this release and am signing below of my own free will.

Do not sign until you have read and initialed the above statements.

Applicant Signature: _____

Date: _____

Printed Name: _____

To submit your application, please forward to:

**Patrick McGuire
Assistant Director for Training
Safe Environment Program
218 Church St.
Poughkeepsie, NY 12601**

845-452-1171 ext. 4218