

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA

OFFICE OF CHILD & YOUTH PROTECTION



VIRTUS Facilitator Application

Thank you for your interest in becoming a facilitator for the VIRTUS *Protecting God's Children* program for adults for the Archdiocese of Atlanta.

Facilitator applicants for the *Protecting God's Children* program must complete this form, submit to a comprehensive criminal background check which requires the applicant having a social security number, attend VIRTUS Protecting God's Children for Adults, and have approval of the pastor or principal.

Please complete all pages of this application form and return it via email it to ocyp@archatl.com.

Contact & Personal Information

Full Name (printed): _____

Maiden Name (if applicable): _____ Nickname(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact Number: _____ Cell Phone Home Phone E-mail:

_____ Date of Birth (Month/Day/Year): _____

Name as it appears on Driver's License: _____

Are you currently an employee of the Archdiocese of Atlanta?

Yes

Location: _____

Job Title: _____

No

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Have you previously been employed by the Archdiocese of Atlanta?

Yes

Location(s) and Dates: _____

Job Title(s): _____

No

Have you previously attended a VIRTUS: *Protecting God's Children for Adults* session?

Yes

No

In addition to English, are you fluent in any other languages? (Check all that apply)

| | | | |
|------------------|--------------------------|-----------------------------|--------------------------|
| Spanish | <input type="checkbox"/> | Polish | <input type="checkbox"/> |
| Portuguese | <input type="checkbox"/> | French | <input type="checkbox"/> |
| Korean | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Creole | <input type="checkbox"/> | American/Int. Sign Language | <input type="checkbox"/> |
| Mandarin Chinese | <input type="checkbox"/> | Other: _____ | |

Name of Parish/Agency/School you are primarily becoming a facilitator to serve:

The Office of Child and Youth Protection will contact the location to confirm approval of the pastor/director/principal.

Are you willing to facilitate sessions at other locations throughout the Archdiocese?

Yes - please list any specific locations or indicate that you are willing to facilitate at any location:

No

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Questions (affix additional pages if necessary)

1. Has any parish, school, facility, organization, or faith community terminated your volunteer service? Yes No If, yes, what happened?
2. Have you ever been accused of physically, sexually, or emotionally abusing a child? Yes No If, yes, what happened?
3. Where, or from whom, did you hear about the program for training *Protecting God's Children* Facilitators?
4. Why are you applying to be trained as a Facilitator?
5. What gifts and talents do you bring to being a *Protecting God's Children* Facilitator?
6. List your previous training and education that will enhance your ability to serve as a Facilitator for the *Protecting God's Children* program.

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Facilitator Application Process Acknowledgement

The Archdiocese of Atlanta 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. If you are not currently Safe Environment cleared by the Archdiocese of Atlanta, additional paperwork will be sent to you to be completed prior to beginning your duties as a Facilitator.

_____ 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.

_____ I grant permission for the Archdiocese of Atlanta to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my application to be a Facilitator for the Protecting God's Children® program.

_____ I understand that a thorough background check will be conducted prior to and during my service and I authorize the Archdiocese of Atlanta to investigate all statements contained in the application.

_____ 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 Atlanta.

_____ 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.

_____ I understand that the Archdiocese of Atlanta has a ZERO TOLERANCE policy for child abuse and takes all allegations of child abuse seriously. I further understand that the Archdiocese of Atlanta 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 false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application or immediate removal of service as a facilitator. Refusal to inform the Archdiocese of Atlanta of the contents of a sealed criminal record will result in the automatic denial of the application or immediate removal of service as a facilitator.

_____ My signature indicates that I have read, understood, and agree to the above stated information as well as the Facilitator Position Description and I am signing below of my own free will.

Applicant's Signature: _____ Date: _____

Printed Name: _____