

# Diocese of Charlotte Registration Instructions

**Before or after** attending an instructor-led (live) session, all participants **must** register with **VIRTUS Online**.

To register, click on the following link:

[https://www.virtusonline.org/virtus/reg\\_2.cfm?theme=0&org=14049](https://www.virtusonline.org/virtus/reg_2.cfm?theme=0&org=14049)



Click to begin the process.

**Create** a User ID and Password you can easily remember. This is necessary for all participants. This establishes your account with the VIRTUS program. If your preferred User ID is already taken, please choose another ID. We suggest the use of email addresses as user names.

Click **Continue** to proceed.

Please create a user id and password that you will use to access your account

Common names like Mary and John are not good choices as they are most likely already in use. Common abbreviations like 'smith' and 'mjones' are also likely to already be in use. We suggest using your full name (without spaces) or email address as they are more likely to be unique.

Create a User ID:

Create a Password:

Your user id is case sensitive. We recommend that you use all lower case letters and avoid spaces and punctuation. Email addresses are ok. Your user id must be at least 4 characters long.  
Your password must be at least 8 characters long.

[Important note about selecting passwords](#)

Provide **all** the information requested on the screen. Several fields are required, including: First & Last Name, Email Address, Home Address, City, State, Zip, Phone Number, Date of Birth, and any previous names used.

**(Note: Do not click the back button or your registration will be lost.)**

Click **Continue** to proceed.

If you do not have an email address, consider obtaining a free email account at [mail.yahoo.com](mailto:mail.yahoo.com), or any other free service. This is necessary for your Safe Environment Coordinator to communicate with you. If you cannot obtain an email address, enter: [noaddress@virtus.org](mailto:noaddress@virtus.org).

Please provide the information requested below

**DO NOT CLICK THE BACK BUTTON OR YOUR REGISTRATION WILL BE LOST**

Enter your name as it appears on your driver's license or passport

Salutation:

First Name:

Middle Name:

Last Name:

Email:

Home Address:

Home Address Cont'd:

City:

State:

ZIP:

Daytime Phone:

Ext:

Evening Phone:

Last 4 digits of SSN:

Date of Birth:

**Background Check Information**

List any aliases, maiden names, or previous marriage names.

	first name	last name
Alias 1	<input type="text"/>	<input type="text"/>
Alias 2	<input type="text"/>	<input type="text"/>
Alias 3	<input type="text"/>	<input type="text"/>

**Select** the **PRIMARY** location where you work or volunteer by clicking the downward arrow and highlighting the location.

Click **Continue** to proceed.

*Note: If you serve at multiple diocesan locations, you will be prompted to select those additional locations in future screen(s).*

Please select the primary location where you work, volunteer or worship.

**Do not select the location of your training session**  
(unless it falls into one of the categories above)

Primary location:

If you are associated with multiple locations, please choose the primary (work) location first. Then click the continue button to select additional locations such as those where you volunteer or worship.

Your selected location(s) are displayed on the screen.

Select **YES**, if you need to add secondary/additional locations. (Follow instructions in previous step to select additional locations.)

Otherwise, if your list of locations is complete, select **NO**.

This is the list of locations with which you are associated:

Pastoral Center (Charlotte)

Do you work or volunteer in another location?

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**Select** the role(s) that you serve within the Diocese of Charlotte and/or parish/school. (Use descriptions supplied, to help determine appropriate role(s) to select.)

Please check **all** roles that apply.

Click **Continue** to proceed.

Please select the roles that you play within your diocese  
*Please check all that apply. You must select at least one role.*

<input type="checkbox"/> Candidate for ordination	<input type="checkbox"/> Parent
<input type="checkbox"/> Deacon	<input type="checkbox"/> Priest
<input type="checkbox"/> Educator	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Employee	

If you have a title within your diocese, please enter it below.  
If you do not have a title, please briefly describe what you do for the diocese.

Title or Diocesan function:

**Select** any additional role(s) that you serve within the Diocese of Charlotte and/or parish/school.

Please check **all** roles that apply.

Click **Continue** to proceed.

Please select any additional roles that you play within your diocese  
*Please check all that apply.*

Candidate for Permanent Deacon Ordination     Contractor

**Please** answer the following four questions.

*Do you interact with, work with or come into contact with minors and/or vulnerable adults of this diocese?*

*Are you Employed at one of our locations?*

*Are you required to attend/complete Protecting God's Children?*

*Have you completed a background check within the last 5 years within the diocese, parish or school?*

Click **Continue** to proceed.

Do you interact with, work with or come into contact with minors and/or vulnerable adults of this archdiocese/diocese/religious organization?

Yes  
 No

Are you Employed at one of our locations?

Yes  
 No

Are you required to attend/complete Protecting God's Children?

Yes  
 No

Have you completed a background check within the last 5 years within the diocese, parish or school?

Yes  
 No


**Please** review the following and respond:

➤ **Code of Conduct for the Diocese of Charlotte**

To proceed, please **Confirm** by clicking on: "I have downloaded, read, and understand the Code of Conduct for the Diocese of Charlotte" and enter your full name and today's date.

Click on **Continue**.

**Diocese of Charlotte, NC**  
Code of Conduct

  
Code of Conduct

I have downloaded, read, and understand the Code of Conduct for the Diocese of Charlotte.

Please provide an electronic signature to confirm you have read the above documents and completed the Diocese of Charlotte Code of Conduct:

Full Name (first, middle and last):  (John D. Smith)

Today's Date\*:  (mm/dd/yyyy)

If you have **not** attended a **VIRTUS Protecting God's Children** session, choose **NO**.

Otherwise, choose **YES**.

Have you already attended a VIRTUS Protecting God's Children Session?

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If you chose **NO** during the previous step, you will be presented with a list of upcoming **VIRTUS Protecting God's Children instructor-led** sessions scheduled for the **Diocese of Charlotte**.

**When** you find the instructor-led session training you wish to attend, click the circle -- and then click **Complete Registration**.

(If you chose **YES** during the previous step, you will be presented with a list of all instructor-led **VIRTUS** sessions conducted in the **Diocese of Charlotte**. Choose the session you attended by clicking the downward arrow and highlighting the session -- then click **Complete Registration**.)

Please select the session you wish to attend

- Protecting God's Children for Adults
  - Where: St. Benedict Church (Greensboro)  
109 West Smith Street
  - When: Saturday, May 6, 2017  
9:00 AM
  - Estimated length of session: 3 hrs
  - Spaces remaining: unlimited
  - Language: This session will be conducted in English
  - Wheelchair accessible: Yes

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- Protecting God's Children for Adults
  - Where: St. John Neumann Church (Charlotte)  
8451 Idlewild Road
  - When: Monday, May 15, 2017  
6:30 PM
  - Estimated length of session: 3 hrs
  - Spaces remaining: 29 of 30
  - Language: This session will be conducted in English
  - Notes: This workshop will be held in the Parish Hall. Please arrive 5-10 mins early to sign-in.
  - Wheelchair accessible: Yes

If you are required to complete a background check, please click on **Submit Background Check** to complete a background check on a secure website.

**Thank you for completing the registration process.**

Your background check is ready to complete.

Clicking the button below will take you to the background check provider website.

Please note that your background check **IS NOT** yet complete.

**Submit Background Check**

Create a new profile

**Your** registration is completed with your Confirmation from Screening One.

After you attend the training session, you will receive an email of approval.

**Thank you for completing the registration process!**

**Confirmation**

Thank you for completing your online background questionnaire. Your confirmation number is **9015**. You may be asked for it if you need to contact TESTING ACCOUNT at some future time. If you would like to print a copy of your Authorization or your Confirmation, please click on the appropriate button. If you have any questions regarding your consumer report, please contact our Consumer Report Agency (CRA), TazWorks Support 2-5.

Security Notice: It is strongly recommended that you close all browser windows to ensure that you are completely signed out.

<p><b>TESTING ACCOUNT</b></p> <p>122 Lake at Salt Lake City, UT 84123</p>	<p><b>TazWorks Support 2-5</b></p> <p>1192 E Draper Parkways Beverly Hills, CA 90215 Phone: 801-572-7401 / 888-111-1112 Fax: 888-971-7772 / 888-222-2221</p>
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When you are finished, please close this browser tab or window.