



Thank you for volunteering!

The Archdiocese strives to implement policies, procedures, and training that may help protect the safety of children, young people, and vulnerable adults who are enrolled in our parish schools.

Education is a key element of the Safe Environment program.

All volunteers at Our Lady Queen of Peace Catholic School over the age of 18 are required to complete the Archdiocesan Safe Environment Training.

Please do this training at Safe Haven's website:

Safe Haven link is: <https://galvestonhouston.cmgconnect.org/>

Please select non-Archdiocesan because we must do our own background check.

Fill out all the attached paperwork.

This training is good for 5 years.

Thank you for helping us keep all our kids safe!

Peace of Christ,
Nirm Thomas
Principal

PERSONAL INFORMATION

NAME: _____,
(Last) (First) (M.I.)

ADDRESS: _____,
(Street Address) (City) (Zip Code)

PHONE: _____ CELL PHONE / PAGER: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

DAYS OF SERVICE: _____ STUDENT OR CLASS: _____

EMAIL: _____

Safe Haven ATTENDANCE online DATE: _____

EMERGENCY INFORMATION

List Persons to Contact in Case of an Emergency and Their Relationship to You:

Contact Name: _____ **Relationship:** _____

Home Ph.: _____ Work or Cell Ph.: _____

Contact Name: _____ **Relationship:** _____

Home Ph.: _____ Work or Cell Ph.: _____

Contact Name: _____ **Relationship:** _____

Home Ph.: _____ Work or Cell Ph.: _____

MEDICAL INFORMATION

ALLERGIES (drug, food, environmental): _____

MEDICAL CONDITIONS: _____

DRUGS TAKEN DAILY OR AS NEEDED: _____

Doctor to be notified: _____ Phone: _____

Hospital: _____ Insurance: _____

If an emergency arises, I give Dr. _____ permission to be wholly responsible for my care. If he is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

Volunteer/Tutor Signature: _____ Date: _____

Volunteer Background Check Authorization Form

In conjunction with my intention to act as a Volunteer for the Archdiocese of Galveston-Houston, I understand that you intend to use Selection.com to obtain "Consumer Reports" (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" do not include my credit report but may include information concerning my motor vehicle record, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to initially extend an offer of acceptance for Volunteer service to me and my continued eligibility for Volunteer service. If the Archdiocese of Galveston-Houston contemplates making an adverse decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my "Consumer Rights" under the FCRA before you finalize that decision.

I understand that this information will be kept on file as long as I Volunteer with the Archdiocese. Furthermore, I authorize the Archdiocese of Galveston-Houston to run periodic criminal background checks to ensure that I am fit to Volunteer with and in the Archdiocese of Galveston-Houston.

I have read the above disclosure and I hereby authorize the Archdiocese of Galveston-Houston, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the Archdiocese of Galveston-Houston to obtain "Reports" about me from Selection.com at any time during my Volunteer service with the Archdiocese of Galveston-Houston. A photocopy or facsimile of this authorization shall be as valid as the original.

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

(PLEASE PRINT THE FOLLOWING INFORMATION LEGIBLY)

PRINT NAME _____
Last Name First Name Middle Name Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ DATE OF BIRTH ____/____/____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____ GENDER: Male Female

PHONE NUMBER _____ EMAIL ADDRESS _____ RACE: _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY	STATE	DATE	RESIDED	FROM/TO
COUNTY	STATE	DATE	RESIDED	FROM/TO
COUNTY	STATE	DATE	RESIDED	FROM/TO

List your primary and secondary (if applicable) **Archdiocese of Galveston-Houston** Church/School where you will Volunteer, the city, and area of Volunteer service.

Church or School Name	City	Name of Ministry, Group, or Organization of Volunteer service
<i>Primary</i>		
<i>Secondary</i>		

Signature _____ Date _____

Please note: Information in this section is only used to obtain criminal records, which are reviewed by an Archdiocesan official in strictest confidence.

Do you have a criminal history? ^(circle one) Y / N

If yes, have you ever been convicted of a crime whether felony or misdemeanor, received deferred adjudication, or plead nolo contendere? (do not include minor traffic violations)

If yes, please explain _____



**OUR LADY QUEEN OF PEACE CATHOLIC SCHOOL
RICHWOOD, TEXAS
EMPLOYEE / VOLUNTEER WORKER
RESPONSIBILITY ACKNOWLEDGEMENT AND
CONFIDENTIALITY AGREEMENT**

It is the policy of the OUR LADY QUEEN OF PEACE CATHOLIC SCHOOL to protect the confidentiality of information that resides in its information systems, paper files or on any other media which includes data on employees, accounting and finance, data on students including academic and medical records and any information or data deemed to be confidential in nature.

Based upon your job duties and responsibilities, you have been privileged to have access to any portion of the school's

1. Student academic, student's medical records
2. Financial Systems including all accounting related materials, purchase orders,
3. Human resources records,
4. Fundraising related records and
5. Any other school records.

My access and use of all the above mentioned records which will come into my possession or to my knowledge is subject to the following terms and conditions:

1. **I will use all such information and the data to conduct OLQP Catholic School business only.** Access or use of any information and the data comes to my knowledge or my possession for my own personal gain or profit, or the personal gain or profit of others, or to satisfy personal curiosity is strictly forbidden.
2. **I will respect the confidentiality of individuals to whose records I have been given access or incidentally I come across.** I will observe any ethical restrictions and will abide by applicable laws and policies with respect to access, use, or disclosure of all employee data, financial, student data including academic and medical and any other information.
3. **I will not divulge any information or data to persons not authorized to have access to it.** I understand that the OLQP Catholic School expressly forbids the disclosure of all information and data or the distribution of such information or data in any medium including verbal, except as required by my job duties and responsibilities and which have been approved in advance.
4. **I will follow control procedures and take reasonable measures to protect the academic information and medical information about the students, School financial data, human resources information and any other data to which I have been granted access or incidentally get access.**
5. **I agree to acquire only information and data on any employee, student or any other matter such as finance that which affect the work for which I have responsibility or authorization.**
6. **I will not disclose my username, login and/or password to other individuals.** I will not use another person's username or login. If I have reason to believe that my username, login or password, or that of another individual has been compromised or is being used by a person other than the individual to whom it was issued, I will report it to my supervisor and Information Services.
7. **I understand that I will be held fully responsible for the consequences of any misuse occurring under my "User ID", "Login" or "Password" due to any neglect on my part. Or for any information or data revealed by me to any other person without the written authorization of the Principal.**

Presented to: _____

8. I understand that the transactions processed through the School's Accounting and Financial System are audited on an ongoing basis and the School Board will take appropriate action when improper uses are detected.
9. I agree to follow the policies and procedures established by the OLQP Catholic School for the use of the Employees including teachers and volunteers. Failure to comply may result in the revocation of my privileges and/or disciplinary actions, legal actions and/or termination of my employment or cessation to be a volunteer.
10. I acknowledge that I have reviewed the Archdiocese of Galveston-Houston's Policy O.II.A relating to Ethical and Personal Conduct Policies; policy O.II.B use of controlled substances; Policy O.II.C Sexual harassment, Sexual misconduct and Child Abuse.
11. I understand that I am obligated to report any suspected child abuse to the teacher, counselor or principal.
12. I understand that as an OLQP Catholic School employee/volunteer, I will be coordinating with the principal of the school.

My signature indicates that I have read, understand, and agree to abide by the terms and conditions of this agreement.

Employee's Name (please print)	Employee's Signature	Date
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Volunteer's Name (please print)	Volunteer's Signature	Date
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Principal's Name	Principal's Signature	Date
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CODE OF CONDUCT
OUR LADY QUEEN OF PEACE CATHOLIC SCHOOL

As a community of faith we are committed to safeguard our children and youth, the most important gifts God has entrusted to us. The following rules and regulations reflect that commitment and are a condition for volunteer ministry.

As a volunteer I will:

- Safeguard children and youth entrusted to my care at all times.
- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with a child or youth at church/school activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children or youth.
- Refuse to accept expensive gifts from children or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving inappropriate, personal gifts to children or youth.
- Report suspected abuse or neglect to *Child Protective Services (800-252-5400)* or local police department. I understand that failure to report suspected child abuse is a violation of Texas law.
- Cooperate fully in any investigation of abuse or neglect of children and/or youth.

As a volunteer I will not:

- Espouse any view contrary to the teachings of the Catholic Church during my volunteer ministry.
- Smoke or use tobacco products on parish property and/or in the presence of children or youth.
- Use, possess, or be under the influence of alcohol or illegal drugs at any time while employed.
- Spank, shake or slap children, youth or any person.
- Humiliate, ridicule, threaten or degrade children, youth or any person.
- Strike or touch a child, youth or any person in a sexual or other inappropriate manner.
- Engage in any conduct that frightens or humiliates children, youth or any person.
- Commit an illegal or immoral act in the presence of children and/or youth.
- Use profanity in the presence of children and/or youth.
- Sexually harass any person, e.g., requests for sexual favors, sexually explicit statements, etc.

As a volunteer I promise to strictly follow the rules and guidelines in this Code of Conduct. I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check, including criminal history. I agree to notify the Archdiocesan VIRTUS Coordinator within 30 days if I have been charged with, convicted of, granted deferred adjudication or plead nolo contendere to any felony or any misdemeanor involving moral turpitude. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer.

Volunteer's Printed Name

Name of Ministry/Activity in which I volunteer

Volunteer's Signature

Date

Presented to: _____



I give my permission to have my picture and name posted on the following:

OLQP website: Yes No

OLQP Facebook: Yes No

Signed: _____

Date: _____