



Who'sHere?

## Volunteers, Students, Vendors, and Visitors: Check in at the school's front lobby kiosk to receive a badge.

### Adult Volunteers

1. Must be fingerprinted (form attached)
2. Must take the online Virtus "Protecting God's Children" course



### **Fingerprinting - \$20 fee Volunteers / \$69 Vendors**

You must be fingerprinted through the Diocese of San Jose regardless of whether you were already fingerprinted through other organizations because legally these databases cannot be shared.

- Set up your appointment through the Campbell Verify Group; walk-ins are accepted, Monday-Friday 9-5pm, Saturday 9-12p (262 E. Hamilton Ave., Suite A in Campbell). Tell them this is for "307-St. Simon Parish School" <http://www.verifygroup.com> or call 408-761-2156.
- You'll be asked to pay the \$20 fee.
- Bring the "Request for Live Scan Service" Form to your appointment.

### **Virtus online training for adults**



Go to [www.virtusonline.org](http://www.virtusonline.org)

- Log in or Click "First-Time Registrant" (Org: San Jose Diocese, Location: St. Simon Parish, Los Altos)
- For registration help, see instructions at [www.dsj.org/ministries/protecting-gods-children/](http://www.dsj.org/ministries/protecting-gods-children/)
- The online training is about 60 minutes; you can save and return later.
- Provide the Certificate of Completion to the school office or email to [tjoyce@stsimon.org](mailto:tjoyce@stsimon.org)  
Certification is good for 3 years; you will be notified when it's time to renew.

### Students Volunteers aged 14 - 17 years old

1. Fingerprinting is not required.
2. Must take the online Virtus "Healthy Relationships for Teens" course

### **Virtus online training for teens**

Go to the [www.virtusonline.org](http://www.virtusonline.org)

- Log in or Click "First-Time Registrant" (Org: San Jose Diocese, Location: St. Simon Parish, Los Altos)
- For registration help, see instructions at [www.dsj.org/ministries/protecting-gods-children/](http://www.dsj.org/ministries/protecting-gods-children/)
- The online training is about 60 minutes; you can save and return later.
- Provide the Certificate of Completion to the school office or email to [tjoyce@stsimon.org](mailto:tjoyce@stsimon.org)  
Certification is good for 2 years; you will be notified when it's time to renew.

### Vendors

1. Must be fingerprinted (see above, form attached)
2. Must provide completion certificate for Virtus "Protecting God's Children" course (see above)
3. Must provide completed "Tuberculosis Risk Assessment" form (attached)

### Visitors

A visitor must provide a valid id with date of birth to the receptionist who will provide a badge. The visitor must be supervised at all times. A visitor who has more than occasional contact with our students is strongly encouraged to apply to be a volunteer.



**Thank you for your cooperation  
in keeping our students  
as safe as possible.**





# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**A3251**

ORI (Code assigned by DOJ)

**Volunteer**

Authorized Applicant Type

**Volunteer/VCA**

Type of License/Certification/Permit **QB** Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

**Diocese of San Jose**

Agency Authorized to Receive Criminal Record Information

**1150 North First Street, Suite 100**

Street Address or P.O. Box

**San Jose**

City

**CA 95112**

State ZIP Code

**01182**

Mail Code (five-digit code assigned by DOJ)

**Linda Greco**

Contact Name (mandatory for all school submissions)

**408-983-0149**

Contact Telephone Number

### Applicant Information:

Last Name

Other Name  
(AKA or Alias) Last

Date of Birth

Sex  Male  Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number: **307--St. Simon School**

OCA Number (Agency Identifying Number)

Level of Service:



DOJ



FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

### Live Scan Transaction Completed By:

**Susan Dias**

Name of Operator

**Verify Group, inc.**

Transmitting Agency

**CK2 EM3**

LSID

Date

ATI Number

**\$20.00**

Amount Collected/Billed