

***The following form must be placed at the end of the Parish's Paid and Volunteer Religious Education Staff Handbook:***

This form:

- is to be signed annually by any paid and/or volunteer staff who has ongoing, unsupervised contact with minors;
- constitutes safe environment "re-certification" for adults who have already complete the CC106 initial Safe Environment class;
- replaces the Volunteer Application form.

This form should be kept on file at the Parish. Do NOT send a copy to the diocese.

This is to acknowledge that I/we have received the 2014 – 2015 S.H.W.A.Y. Parish Association and Sts. Peter & Paul Honolulu Ministry Handbooks for Paid and Volunteer Religious Education/Parish Association/Family Ministry Staff. I/we understand and agree to cooperate with the parish/association policies set forth in the handbooks.

Print LEGAL name: \_\_\_\_\_

Signed \_\_\_\_\_ Text \_\_\_\_\_ Date \_\_\_\_\_  
(Paid and Volunteer Religious Education/S.H.W.A.Y./ Youth Ministry Staff member)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian if staff member is a minor)

### **Paid and Volunteer Religious Education Staff Safe Environment Re-Certification**

I (the undersigned) by my signature indicate the following:

- I have read and understood the VIRTUS Code of Pastoral Conduct material
- I have read and understood the Diocesan Guidelines for Sexual Misconduct
- I agree to abide by all the guidelines, principles, and laws presented in the Code of Pastoral Conduct, the Diocesan Guidelines for Sexual Misconduct, and the instructions and principles presented in this training

**Print Legal Name:** \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

**Home Address (No PO Box):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Years at this Residence: \_\_\_\_\_

*(If the above address has not been your residence for at least five (5) years, please provide other addresses and the number of years of residence on the back of this form.)*

**Mailing Address (if different from above):** \_\_\_\_\_

City: \_\_\_\_\_ Island: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parish or School:** \_\_\_\_\_  Parish  School

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Office Use ONLY

**COMPLETION OF WORKSHOP TRAINING CERTIFIED BY:**

I certify that the above mentioned person has satisfactorily completed the requirements for re-certification.

**Date of Re-Certification:** \_\_\_\_\_

**Signature of Trainer:** \_\_\_\_\_

**Print Name of Trainer:** \_\_\_\_\_