

A PROGRAM AND SERVICE OF
THE NATIONAL CATHOLIC RISK RETENTION GROUP, INC.



Please select your Archdiocese/Diocese/Religious Organization from the list below:

Spokane, WA (Diocese)



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 'jsmith' 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:

Please wait...

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](#)



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: *

Full Middle Name:

Last Name: *

Email: *

Home Address: *

Home Address Cont'd:

City: *

State: *

ZIP: *

Daytime Phone: *

Ext:

Evening Phone:

Date of Birth: * *Why?*

Background Check Information		
List any aliases, maiden names, or previous marriage names.		
	first name	last name
Alias 1	<input type="text" value="mary"/>	<input type="text" value="Jones"/>
Alias 2	<input type="text"/>	<input type="text"/>
Alias 3	<input type="text"/>	<input type="text"/>



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.



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

All Saints Catholic School (Spokane)

Do you work or volunteer in another location?

YES

NO



Please select the roles that you play within your diocese

Please check all that apply. You must select at least one role.

Candidate for ordination

Deacon

Educator

Salaried Teachers, Principals, and Administrators in Diocesan/Eparchial and Parish Schools (Schools Grades K-12)

Employee (Diocesan/Eparchial)

Employee (Parish/Parochial)

Priest

Volunteer

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:

Continue



Are you a parent or guardian of a child under 18?

Yes

No

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

Yes

No

Do you manage, supervise or oversee employees or volunteers on behalf of this archdiocese/diocese /religious organization in any capacity?

Yes

No

Continue

Diocese of Spokane

Code of Conduct



Code of Conduct

- I've downloaded, read, and understand the Catholic Diocese of Spokane's Code of Conduct.

Disclosure Statement



Disclosure Statement

- I've downloaded, read, and understand the Catholic Diocese of Spokane's Disclosure Statement and will provide a copy to my parish and/or school.

Safe Environment Background Consent & Summary



Safe Environment Background Consent & Training Summary

- I've downloaded, read, and understand the Catholic Diocese of Spokane's Background Check Consent Form and will provide a copy to my parish and/or school.

Code of Conduct - Español



Code of Conduct - Español

- I've downloaded, read, and understand the Catholic Diocese of Spokane's Code of Conduct.

Disclosure Statement - Español



Disclosure Statement - Español

- I've downloaded, read, and understand the Catholic Diocese of Spokane's Disclosure Statement and will provide a copy to my parish and/or school.

Safe Environment Background Consent & Summary - Español



Safe Environment Background Consent & Training Summary

- I've downloaded, read, and understand the Catholic Diocese of Spokane's Background Check Consent Form and will provide a copy to my parish and/or school.

Continue

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

YES

NO



Please select the session you wish to attend

Protegiendo a los Niños de Dios

Where: St. Patrick Parish, Pasco (Pasco)
1320 W Henry St

When: Tuesday, July 18, 2017
5:30 PM

Estimated length of session: 3 hrs

Spaces remaining: 25 of 25

Language: This session will be conducted in Spanish

Protecting God's Children for Adults

Where: Diocese-Catholic Pastoral Center (Spokane)
1023 W. Riverside Ave

When: Wednesday, July 19, 2017
9:00 AM

Estimated length of session: 0 hrs

Spaces remaining: 15 of 25

Language: This session will be conducted in English

Notes: SCHOOL EMPLOYEES: 9:00 AM - 3:00 PM Lunch - 12 PM - 12:45 PM NON-SCHOOL EMPLOYEES TRAINING: 9:00 am - 11:30 AM

Protecting God's Children for Adults

Where: Unknown Location

When: Friday, July 28, 2017
4:00 PM

Estimated length of session: 2 hrs

Spaces remaining: 27 of 30

Language: This session will be conducted in English

Notes: This training is for Steubenville NW volunteers only. The location will occur at the Spokane Convention Center in the show office.

Contact: Brian Kraut (5093587314)



Thank you for registering with VIRTUS Online.

Thank you for registering for a Protecting God's Children session and with VIRTUS Online.
You will receive an email confirming your registration for the session you selected.

After you attend your session, your account request will be reviewed by your Coordinator.

Your registration is almost complete...

As part of our efforts to create and maintain a safe environment for the children and volunteers of our diocese, we have chosen Selection.com® to do all our background checks.

By clicking this button, you will be directed to their secure website called Fastrax™.

[Begin Background Check](#)

You will be notified via email when your VIRTUS Online account is activated.



The Diocese of Spokane welcomes you!



Protecting the children under the care of the Diocese of Spokane is paramount. The parents of children at our parishes, schools and organizations have placed their trust in everyone who has contact with children. This includes not only clerics, employees and volunteers of the Diocese, but also members of religious orders and employees of other institutions that operate within the boundaries of the Diocese.

Everyone has a right to expect that we do everything possible to protect our children. Your participation in doing a background check is appreciated and we wish to thank you for doing your part to ensure the safety of our children.

Your Information

Primary location: All Saints Catholic School - Spokane

[Enter Background Check Info](#)



- Inquiry Release
- Enter Contact Info
- Review
- Complete

EMPLOYMENT / VOLUNTEER INQUIRY RELEASE

 If you are not Mary Smith or your name is misspelled click here

In conjunction with my application for employment/volunteering with you, 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 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 extend an offer of employment/acceptance to me. If you contemplate 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 have read the above disclosure and I hereby authorize you, 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 hired/accepted, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment/appointment with you. A photocopy or facsimile of this authorization shall be as valid as the original.

[I Agree](#)

PERSONAL IDENTIFICATION

Last Name Smith	First Name Mary	Middle Name 	Birth Last Name
---------------------------	---------------------------	------------------------	----------------------------

 In order to properly process your application, please make sure that your name matches the name on your driver's license (or other government issued identification). If your name does not match your date of birth and social security number, your application could be delayed.

SSN (E: XXX-XX-XXXX) **DOB**

07/06/1960 

Gender **Race**

U Unknown

Address

Street No. **Street** **Type**

Address Line 2 (Unit No., Route, PO Box, etc.)

Zip **City** **State**

Phone/Email

Email

marysmith@gmail.com No Email available

Phone **Ext** **Type**

Cell

Best Time to Reach Applicant



 Inquiry Release  Enter Contact Info  Review  Complete

Back

Contact Information

APPLICANT

Mary Smith
 First Name: Mary
 Last Name: Smith
 SSN: 123-45-6789
 DOB: 7/6/1960

Address: 434 A Str Spokane, WA 99223

CONTACT NOTICES

NOTICE TO CALIFORNIA RESIDENTS

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Fastrax™ during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Fastrax™ to determine with reasonable certainty that you are the subject of the report. Fastrax™ is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

REQUESTING A COPY OF YOUR BACKGROUND CHECK

If you would like a copy of your completed report, check the box below and provide your email address. A copy of your report will be sent to you.

You may review any reports by calling 800-325-3609 between the hours of 8am – 5pm Eastern Time.

By checking this box, I request to receive a free copy of any consumer report ordered on me.

Email Address:

Inquiry Release Enter Contact Info Review Complete

YOUR REQUEST HAS BEEN SUCCESSFULLY SUBMITTED.

Thank You!

Your information has been received.

Close

Session Ended

Thank You! Your session has been closed.

Contact Info:

For immediate assistance [click here](#)