



St. Jude the Apostle School
9150 Highland Road
Baton Rouge, Louisiana 70810
(225) 769-2344, fax: (225) 769-0671

Dear St. Jude School Employee/Volunteer/Coach:

The Diocese of Baton Rouge now requires four items to be on file for each of our school volunteers, substitutes, and coaches.

- 1.) A copy of the "Diocese of Baton Rouge Application for Employees & Volunteers".
- 2.) A signed copy of the "Diocese of Baton Rouge Code of Ethics Acknowledgement" form. The complete Code of Ethics can be read or downloaded from the diocese of Baton Rouge website.
 - http://www.diobr.org/documents/2009_ocyp_ethics_code.pdf
- 3.) A certificate of attendance of a diocesan child protection workshop or participation in the viewing and online test of the Safe and Sacred curriculum. The video can accessed on the internet:
 - <http://safeandsacred-diobr.org>

After viewing the video you will be required to take on on-line test. Complete instructions for testing are on the website. Once the test is taken a certification of completion is produced which must be submitted to the school.
- 4.) A copy of the two forms required to obtain a criminal background and fingerprint check. The background check requires two money orders in the amounts of \$10.00 and \$45.25, both made out to Louisiana State Police. Once signed by Mrs. Jakuback, the two forms and two money orders must be taken to the Louisiana State Police headquarters on Independence Drive to obtain the required background checks.

The above requirements are from the Diocese of Baton Rouge, Office of Child Protection. If you have any questions, please call Amy Cordon, the Director of the Office of Child Protection. We value all you do as volunteers and we thank you for your commitment of time and talent to St. Jude Community.



Catholic Diocese of Baton Rouge Application for Employees & Volunteers

Please answer all questions and fill in all appropriate blanks. Items that have an asterisk (*) have to be answered in order for the application to be complete and a background check run.

Main Application

*Name: _____
First Middle Last Suffix

*Street Address: _____

*City/State/Zip: _____
City State Zip

*Civil Parish: _____

*Length at current address _____ Years _____ Months

*Home Phone: _____
Area Code Number

Work Phone: _____
Area Code Number

Cell Phone: _____
Area Code Number

Email Address: _____

Diocese Questionnaire

Please specify your parish membership. If not a member, please leave blank:

If you are a member, please specify for how long: _____
Years Months

If no, are you a member of a parish outside of the diocese? ____yes ____no

If you are a member of another parish, please enter the name and location:

*Type of Application: _____
Employee Volunteer

*Are you the parent of a child under 18? ____yes ____no

*What position do you currently hold (or for which you are applying)?

*What interests you about the position you currently hold (or for which you are applying)?

*What has prepared you for the position that you currently hold (or for which you are applying)?

***Residential History**

_____ Check here if you have lived in your current residence for longer than 5 years. ***If checked, proceed to next section.***

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

***Employment History**

_____ Check here if you have no employment history. ***If checked, proceed to next section.***

Start with current employer & indicate employment history for the last 5 years. If current employer, list end date as current.

Dates of Employment (mm/yyyy)	Company Name & Address (City, State, Zip-if known)	Immediate Supervisor's Name & Phone Number	Position Held/Job Description	Reason for Leaving Position
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

***Educational History**

_____ Check here if you have no educational history. ***If checked, proceed to next section.***

Educational history should include high school and forward. If currently enrolled in a program. List end date as current.

Dates (mm/yyyy) (Start with most recent)	School Name and Address (City, State, Zip-if known)	Type of School (high school, college, university, etc)	Name of Degree or Program	Program Completed? (Y/N)
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

***Volunteer History**

_____ Check here if you have no volunteer history. ***If checked, proceed to next section.***

Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, list end date as current.

Dates (mm/yyyy) (Start with most recent)	Organization (City, State)	Contact	Contact Phone Number	Position/Duties
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

References

*Reference Name (First/Last)	*Address (City, State, Zip)	*Daytime Phone (including area code)	Years Known	Agreed to be a reference? (Y/N)
Professional/Civic				
Personal				

Confidential Background Check Information

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

* _____ Yes _____ No Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain (use back of application if needed):

Social Security Number: _____ - _____ - _____

Driver's License: State _____ Number _____

*Date of Birth: Month _____ Day _____ Year _____

*Gender: Male _____ Female _____

* _____ Yes _____ No Have you changed your last name in the past 5 years?

If yes, what was your previous last name? _____

* _____ Yes _____ No At any time during the past 5 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?

If yes, what state did you live in? _____

Name of Applicant (Please Print Clearly) _____

Date of Birth (mm/dd/yyyy) _____

Declarations

The **Catholic Diocese of Baton Rouge** appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. **Please read and initial each of the statements below.**

_____ * I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.

_____ * I hereby authorize the **Catholic Diocese of Baton Rouge** to conduct a personal and professional background check for the purposes of my application at the **Catholic Diocese of Baton Rouge**. The **Catholic Diocese of Baton Rouge** may contact any references, past and current employers, church, youth organizations or agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the **Catholic Diocese of Baton Rouge's** contact with the individuals for purposes of employment or volunteer services.

_____ * I also hereby give complete permission for the **Catholic Diocese of Baton Rouge** to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my employment or volunteer services.

_____ * I understand that a criminal background check will be conducted prior to and during my service. I authorize investigations of all statements contained in the application.

_____ * I agree to observe all of the **Catholic Diocese of Baton Rouge** guidelines and policies for the program in which I am applying.

_____ * I understand that the **Catholic Diocese of Baton Rouge** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Diocese of Baton Rouge** cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

_____ * I understand that I can withdraw from the application process at any time.

_____ * I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform the **Catholic Diocese of Baton Rouge** of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ * I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by the **Catholic Diocese of Baton Rouge**. I have also read and understand the above stated information within this release and am signing below of my own free will.

_____ * My signature indicates that I have read and understand the above. **Do not sign until you have read and initialed the above statements.**

*Applicant Signature _____ *Date: ____/____/____

Selected Sites

Please indicate the city and the name of the parishes/schools with which you would like this application to be registered. At least one should be entered.

*City Where Parish is Located	*Name of Parish/School

- Have you gone through the Child Protection training? ____ Yes ____ No
- Have you had a background check done previously by a Catholic Church or Catholic School?
____ Yes ____ No
 - If yes, please indicate which school or church and approximate date

DIOCESE OF BATON ROUGE



**ACKNOWLEDGMENT OF RECEIPT AND REVIEW
OF THE CODE OF ETHICS AND BEHAVIOR
FOR ADULTS WHO MINISTER WITH MINORS
IN THE DIOCESE OF BATON ROUGE**

By signing the attached page, I acknowledge that I have received and thoroughly read the attached Code of Ethics and Behavior for Adults who Minister with Minors in the Diocese of Baton Rouge. Furthermore, by signing the attached page, I formally pledge to adhere to and conduct myself and my ministerial responsibilities according to all of the standards contained herein.

I accept responsibility for compliance with these policies as stated herein and the responsibility to refer any questions to my immediate supervisor or the Diocesan Child Protection Officer for further clarification. I further understand that the Diocese of Baton Rouge reserves the right to change, modify, and/or revise any of the policies contained herein at any time.

Diocesan Child Protection Officer
Mrs. Amy J. Cordon
Office of Child and Youth Protection
P.O. Box 2028
Baton Rouge, LA 70821-2028

Telephone 225-242-0202
Email youthprotection@diobr.org

(PLEASE READ AND SIGN THE NEXT PAGE)

Diocese of Baton Rouge
Code of Ethics Acknowledgement
(Employee/Volunteer Verification Form)

I have read the *Code of Ethics and Behavior for Adults who Minister with Minors* given to me for the Diocese of Baton Rouge.

I understand the Code of Ethics and agree to abide by the guidelines listed therein.

Employee/Volunteer Signature

Date Signed

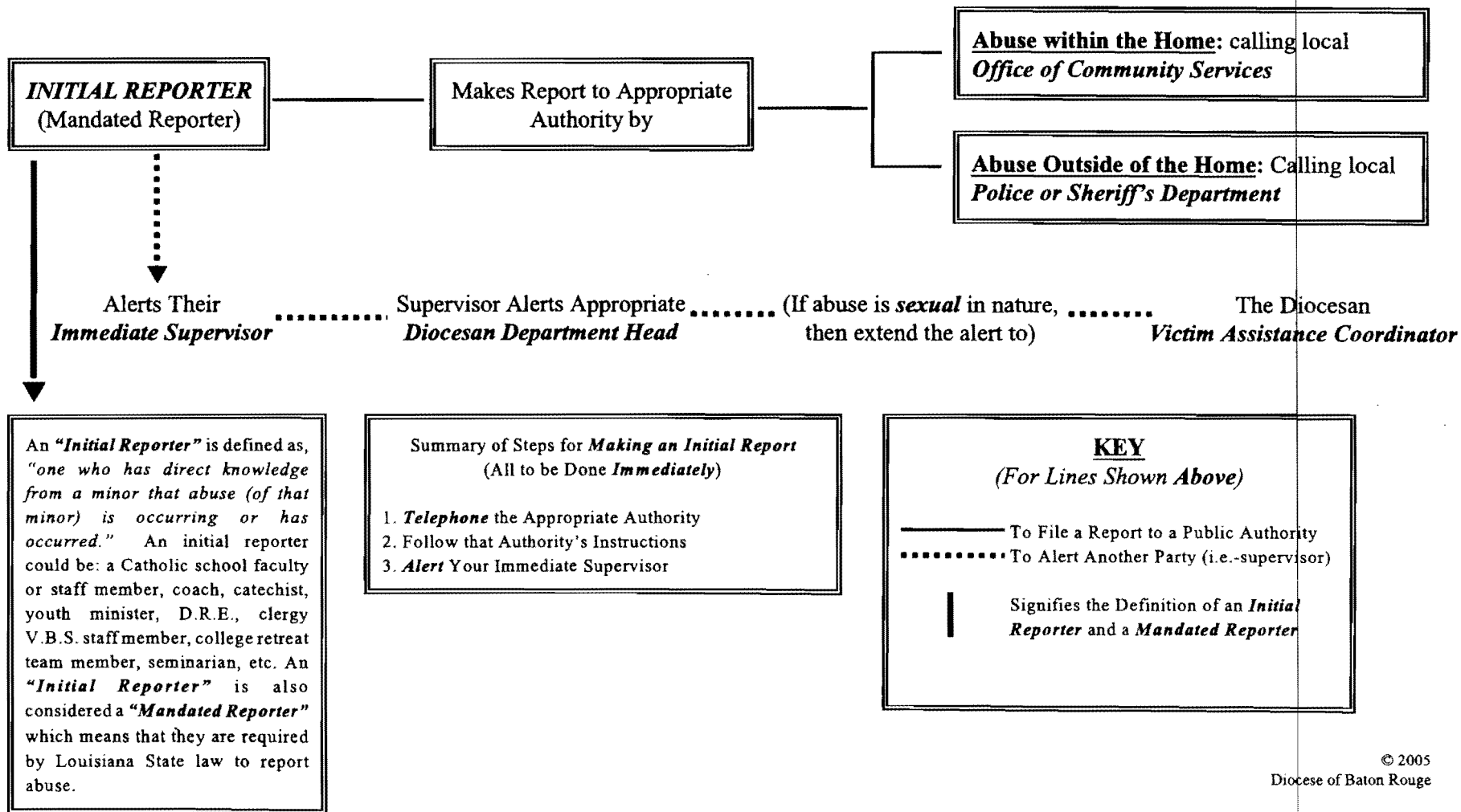
Please print below this Employee/Volunteer's Full Name:

This statement is to be returned and placed in the personnel or volunteer file.

The Diocese of Baton Rouge
Process for Reporting the Alleged Abuse of a Minor
(Sexual and Other)

Scenario #1

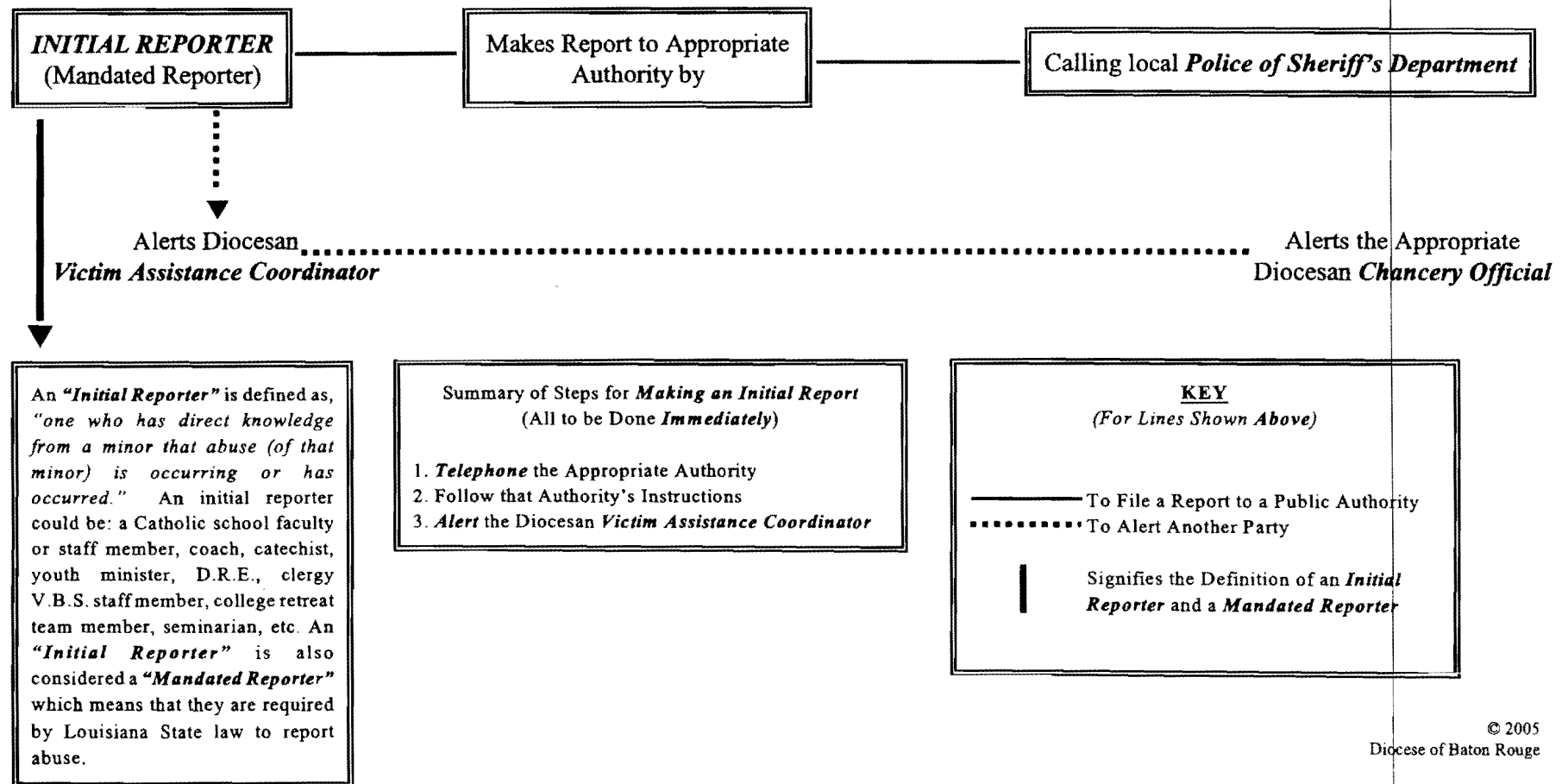
When the alleged abuser is *an employee of the Diocese of Baton Rouge (other than clergy, religious, or seminarian) or a volunteer in ministry* affiliated with the Diocese of Baton Rouge or other person.



The Diocese of Baton Rouge
Process for Reporting the Alleged Abuse of a Minor
(Sexual and Other)

Scenario #2

When the alleged abuser is a *priest, deacon, religious brother or sister, or a seminarian* serving in and/or affiliated with the Diocese of Baton Rouge.



SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE.

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY**
****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****

St. Jude The Apostle School

Karen G. Jakuback

FACILITY OR AGENCY
9150 Highland Rd.

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge

LA

70810

(225) 769-2344

CITY

STATE

ZIP CODE

FACILITY OR AGENCY PHONE NUMBER

lbonnecaze@stjudebr.org & kjakuback@stjudebr.org

FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> CASA | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> COURT ORDER ADOPTION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> HEALTH CARE PROVIDER | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input checked="" type="checkbox"/> SCHOOL |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> VENDOR |
| <input type="checkbox"/> OCS CARETAKER | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> OCS PERSONNEL | <input type="checkbox"/> AUTHORIZED AGENCY |
| <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS | <input type="checkbox"/> WHOLESALE DRUG DISTRIBUTORS |

APPLICANTS FULL NAME: _____

****PRINT - USE INK****

LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _ _ - _ - _

DATE OF BIRTH: _ / _ / _

DRIVERS LICENSE # _____ & STATE _____

RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

DPSSP 6696

**APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP5/R10.03

St Jude the Apostle School

AGENCY

9150 Highland Rd.

MAILING ADDRESS

Baton Rouge

LA

70810

CITY

STATE

ZIP CODE

NOTICE:

PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.

NAME

DATE OF BIRTH

RACE/SEX

SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A
REQUEST.**

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW