ARCHDIOCESE OF BALTIMORE
OFFICE OF CHILD AND YOUTH PROTECTION
POLICY COMPLIANCE VERIFICATION
for volunteers who have substantial contact with children

Last Name _____ First Name _____ Middle _____ Other Name(s) Previously Used _____

Site _____ Date Certified _____

This form verifies that the volunteer applicant, named above, who has substantial contact with children has completed the required procedures as noted below in compliance with *A Statement of Policy for the Protection of Children and Youth.* This form should be used to track and record completion of the requirements. The verification card below may be accepted by other Covered Entities as evidence that the individual has completed the steps below and may serve in positions that have substantial contact with children. (Please see reverse for complete procedures.)

	Initial	Date
Application for Volunteer Service has been completed and signed.		
Received and reviewed *A Statement of Policy for the Protection of Children and Youth.*		
Received and reviewed *Code of Conduct for Church Personnel in the Archdiocese of Baltimore.*		
Three (3) references have been checked and documented, if applicable under the *Procedures for Implementation and Compliance.*		
Volunteer Criminal History Screening Consent Form has been signed and a criminal history screening request has been completed and results received.		
Applicant has received the required training regarding child abuse and protection of children, including viewing the STAND video.		

When all requirements have been completed, volunteer and Screening Coordinator must sign to confirm. Verification card is completed, detached, and given to volunteer. Retain this form along with the other required documents in the volunteer's file.

X _____
Volunteer's Signature

_____
Date

_____
Screening Coordinator's Signature

_____
Date

ARCHDIOCESE OF BALTIMORE
OFFICE OF CHILD & YOUTH PROTECTION
POLICY COMPLIANCE VERIFICATION
for Volunteers

_____
Volunteer's Name
has completed the required procedures in compliance with
A Statement of Policy for the Protection of Children and Youth
for volunteers who have substantial contact with children.

Site Name _____ City _____

Screening Coordinator's Signature _____ Date Certified _____
(Expires 5 years from date of certification)

Effective 9/1/03