

**Before** completing **Protecting God's Children** training, all participants **must** first register with **VIRTUS Online**. Please click on the VIRTUS link to access the VIRTUS Registration page:

[https://www.virtusonline.org/virtus/reg\\_2.cfm?theme=0&org=18383](https://www.virtusonline.org/virtus/reg_2.cfm?theme=0&org=18383)

Or, please register by going to [www.virtus.org](http://www.virtus.org) and click on 'First Time Registrant'.



**Create** a user ID and a password you can easily remember. This is necessary for all participants. This establishes your account with the VIRTUS program. If your preferred user ID is already taken, please choose another ID. We suggest the use of email addresses as usernames.

Click **Continue** to proceed.

If you already have a VIRTUS Account, please contact the Helpdesk at [helpdesk@virtus.org](mailto:helpdesk@virtus.org) or 888-848-8870 to recover your login information. Thank you!

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 'smith' and 'miller' 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:

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 selection passwords](#)

**Provide** all the information requested on the screen. Several fields are required, such as: First, Last Name, Email, Address, Phone Number, Date of Birth, Gender, and Race/Ethnicity.

**(Note: Do not click the back button or your registration will be lost.)**

Click **Continue** to proceed.

Please provide the information requested below

DO NOT CLICK THE BACK BUTTON OR YOUR REGISTRATION WILL BE LOST

Please enter your name as it appears on your driver's license, passport or other government-issued ID, and we need your full, legal name.

Salutation: Please select - ▾  
Legal First Name:   
Full Middle Name:   
Legal Last Name:   
Nickname:   
Suffix: Please select if applicable - ▾  
Email:   
Home Address:   
Home Address Confir:   
City:   
State: Please select - ▾  
ZIP/Postal Code:   
Daytime Phone:   
Ext:   
Evening Phone:   
Date of Birth:   
Gender: Please select - ▾  
Race/Ethnicity: Please select - ▾

**Select** the **PRIMARY** location where you work or volunteer by clicking the downward arrow and highlighting the location.

Click **Continue** to proceed.

*Note: If you serve at multiple diocesan locations, you will be prompted to select those additional locations in future screen(s).*

In this step, DO NOT select the location of your training session - you will pick that later.

We are asking for the primary location where you **work** or **volunteer**.

Please select the primary location where you **work** or **volunteer**.

Location: Please select - ▾

**Your** selected location(s) are displayed on the screen.

Select the role(s) that you serve within your parish or school. Please check all roles that apply.

Additionally, enter your title in the box that best describes your role within the Diocese -- ie. Catechist, Coach, DRE, Eucharistic Minister, Math Teacher, Seminarian, etc.

Click Continue to proceed.

Please select the primary location where you **work** or **volunteer**.

Location: All Saints Central High School (Bay City) ▾

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

Please select at least one primary role you perform at this location

- ☐ **Other**
- ☐ **Employee**  
*Includes PAID personnel (other than priests/deacons, or educators) who are employed by and work directly for the diocese, parishes or schools. Such as, central office staff, pastoral center personnel, paid youth ministers, school support staff, rectory personnel, etc.*
- ☐ **Volunteer**  
*Includes any UNPAID individuals functioning in positions such as: catechists, chaperones, playground personnel, ushers, lay ministers, etc.*
- ☐ **Priest**
- ☐ **Deacon**  
*Ordained a permanent deacon and serve as a deacon at a parish*
- ☐ **Candidate for ordination**  
*All seminarians and candidates for permanent diaconate*
- ☐ **Educator**  
*Includes ONLY Catholic school teachers and substitutes, principals, and administrators (Pre-K thru 12). \*\*Does not include other school staff or religious education program teachers\*\**

Please select any additional roles you perform at this location

☐ **Stipend Person**

If you have a title please enter it below.  
If you do not have a title, please briefly describe what you do.

Title or Position of Service:

## Registration Instructions

### Diocese of Saginaw

To **Select** any additional locations and roles, please select Yes.

Please select No if finished.

**You have chosen following locations and roles:**

All Saints Central High School (Bay City)

• Volunteer ✓

**Are you associated with any other locations?**

Yes

No

**Please** read and acknowledge the Safe Environment Policy.

Click Continue to proceed.


Safe Environment Policy

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Policy for the  
PROTECTION of  
CHILDREN, YOUNG PEOPLE, and  
VULNERABLE ADULTS  
in the Diocese of Saginaw



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☐ Church personnel are required to comply with the Policy for the PROTECTION of CHILDREN, YOUNG PEOPLE, and VULNERABLE ADULTS in the Diocese of Saginaw. In implementing these guidelines, we are mindful that they provide a basic structure which seeks to protect children and youth from neglect, physical and sexual abuse, but that no framework can address all situation which may arise from our work and ministry. By establishing this Policy, we attempt to foster and maintain an atmosphere of safety for all involved in ministry.

I acknowledge that I have read, understood, and will abide by the Policy for the PROTECTION of CHILDREN, YOUNG PEOPLE, and VULNERABLE ADULTS in the Diocese of Saginaw.

Please provide an electronic acknowledgement to confirm you have received the document above.

Full Name (first and last)\*:  (John Smith)

Today's Date\*:  (mm/dd/yyyy)

[Continue](#)

# Registration Instructions

## Diocese of Saginaw


**Please** read and acknowledge the Code of Conduct.

Click Continue to proceed.

**Code of Conduct**

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**DIOCESE OF SAGINAW**  
**CODE OF CONDUCT for PERSONNEL WORKING with**  
**CHILDREN, YOUNG PEOPLE, and VULNERABLE ADULTS**

  
**DIOCESE OF SAGINAW**

The purpose of the *Diocese of Saginaw Code of Conduct for Personnel Working with Children, Young People, & Vulnerable Adults* (hereafter *Code of Conduct*) is to provide a safe environment for minors and vulnerable adults who participate in ministries and activities in the parishes and schools of the Diocese of Saginaw (hereafter *Diocese*), by setting forth diocesan standards of behavior and appropriate boundaries for all clergy, seminarians, religious, diocesan and parish employees, educators and volunteers.<sup>1</sup>

It is expected that all persons who perform ministry, educate, or participate in activities within the Diocese will adhere to this *Code of Conduct*.

In addition, all individuals (clergy, religious, and laity) who are employed by diocesan organizations and all church volunteers who have contact with minors in any diocesan organization must comply with the background screening process and training requirements as set forth in the *Policy for the Protection of Children, Young People and Vulnerable Adults in the Diocese of Saginaw* (Rev. 2022).

**1. Introduction**

In order to foster and maintain an atmosphere of trust and safety in its ministries and programs for

[Problems viewing PDF? Download](#)

☐ Church personnel are required to comply with the *DIOCESE OF SAGINAW CODE OF CONDUCT for PERSONNEL WORKING with CHILDREN, YOUNG PEOPLE, and VULNERABLE ADULTS*. In implementing these guidelines, we are mindful that they provide a basic structure which seeks to protect children and youth from neglect, physical and sexual abuse, but that no framework can address all situation which may arise from our work and ministry. By establishing this Code of Conduct, we attempt to foster and maintain an atmosphere of safety for all involved in ministry.

I acknowledge that I have read, understood, and will abide by the *DIOCESE OF SAGINAW CODE OF CONDUCT for PERSONNEL WORKING with CHILDREN, YOUNG PEOPLE, and VULNERABLE ADULTS*.

**Please provide an electronic acknowledgement to confirm you have received the document above.**

Full Name (first and last)\*:  (John Smith)

Today's Date\*:  (mm/dd/yyyy)

**Please** complete and acknowledge the Background Check Authorization.

Click Continue to proceed.

**Background Check Authorization**

☐ **Background Check Authorization:**

I understand that investigative inquiries on my background are to be made about me, to assess whether any reason exists that would suggest that I not be accepted for the position. These inquiries will be made according to policies of the hiring entity and will consist of a criminal history background check and/or driving record check, using the services of the Diocese of Saginaw or a designated outside firm, and/or the fingerprinting and criminal history background check for required school personnel or others. I understand the information received will be kept confidential and will be used only to determine my suitability to be employed or to volunteer for the above noted position. I authorize without reservation any party contacted and the diocesan representatives to furnish any or all of the above mentioned information to those responsible for employment and volunteer positions. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting the necessary investigation. I understand that at the discretion of the diocese, additional screens may be performed and this authorization remains in effect unless I notify the diocese otherwise in writing.

I understand that upon request I am entitled to receive a copy of the investigative report and may dispute the accuracy of the report within 60 days after its receipt. I further understand that my employment service and access to minors prior to completion of the background check may be restricted by the Hiring Entity. I further understand that the Hiring Entity may take adverse action regarding my employment or services after procurement of the above mentioned information and report, and I hereby voluntarily release the Hiring Entity, Diocese of Saginaw, and its employees, officials, representatives, or assigns from any and all claims, liability or damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of the seeking, gathering, or use of the information procured in compliance with this Authorization.

In addition, I agree to abide by the policies, procedures, and standards of behavior that currently exist or may be amended in the future.

**I understand that investigative inquiries into my background are to be made to assess my suitability for employment or volunteer placement. By signing below, I authorize the Diocese of Saginaw or its affiliate organizations or representatives to verify any of the information I have provided and conduct a check of records and/or references with the appropriate individuals and/or organizations. I authorize any of them to release such information as the Diocese of Saginaw or its affiliate organizations require, without any obligation to give me written notice of such disclosure. I hereby release the Diocese or its affiliate organizations or representatives from any liability whatsoever as a result of inquiries or disclosures related to my background or character. Further, I will allow a photocopy of this authorization to be as valid as the original for the purposes of conducting background.**

Full Name (first and last)\*:  (John Smith)

Today's Date\*:  (mm/dd/yyyy)

# Registration Instructions

## Diocese of Saginaw

Please answer Yes or No to the question provide.

Click Continue to proceed.

Have you lived out of state within the last 7 years?

☐ Yes  
☐ No

If yes, please list the locations and dates

[Continue](#)

If you chose **NO** to this question, you will be presented with a list of upcoming **VIRTUS Protecting God's Children** facilitator-led sessions scheduled for the **Diocese of Saginaw**.

**When** you find the facilitator-led session training you wish to attend, click the circle -- and then click **Complete Registration**.

(If you chose **YES** to this question, you will be presented with a list of all facilitator-led **VIRTUS** sessions previously conducted in the **Diocese of Saginaw**. Choose the session you attended by clicking the downward arrow and highlighting the session -- then click **Complete Registration**.)

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

[YES](#) [NO](#)

Please select the session you wish to attend and then click **Continue**.

Please select the session you wish to attend

☐ Protecting God's Children for Adults

Where: Our Lady Consolata Parish (Cass City)  
When: Tuesday, October 1, 2019  
6:30 PM  
Estimated length of session: 3 hrs  
Spaces remaining: 30 of 40  
Language: This session will be conducted in English  
Notes: [St. Agatha Site Church Hall Gagetown ourladyconsolata@gmail.com](mailto:ourladyconsolata@gmail.com)

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☐ Protecting God's Children for Adults

Where: St. John The Evangelist Parish (Ubyly)  
When: Thursday, October 17, 2019  
6:00 PM  
Estimated length of session: 3 hrs  
Spaces remaining: 38 of 40  
Language: This session will be conducted in English  
Notes: [goodshepherd48475@yahoo.com](mailto:goodshepherd48475@yahoo.com)  
Wheelchair accessible: Yes  
Contact: Edie Izydorek (810-404-9887)

If you have additional questions about VIRTUS, please contact the VIRTUS Help Desk at 1-888-847-8870.

**Thank you for registering!**

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



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.

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

### Current Training



**You have no modules assigned**

[You are registered for a session](#)