

# Registration Instructions

## Diocese of Rockford - Volunteers

Before completing **Protecting God's Children** training online, 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=17162](https://www.virtusonline.org/virtus/reg_2.cfm?theme=0&org=17162)

Or, please go to [www.virtus.org](http://www.virtus.org) and click on First Time Registrant and select Rockford from the drop down list.



Please enter the password provided by your Diocese, Parish or School.

Contact your parish, school or entity directly for the password to create an online account or contact the Diocesan Safe Environment Office at 815-399-4300 ext. 417

Click **Continue** to proceed.

Please enter the password provided by your Diocese, Parish or School

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Continue

Contact your parish, school or entity directly for the password to create an online account or contact the Diocesan Safe Environment Office at 815-399-4300 ext. 417

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.



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 '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:

Continue

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:**

Provide all the information requested on the screen. Several fields are required, such as: First, Middle & Last Name, Email address, Home Address, City, State, Zip, Phone Number, and Date of Birth.

(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 ON 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 - or -

First Name:

Full Middle Name:

Last Name:

Nickname:

Suffix:  Please select if applicable:  None

Email:

Home Address:

Home Address Cont'd:

City:

State:  Please select

ZIP:

Daytime Phone:

Ext:

Evening Phone:

Date of Birth:  MM \*  Day \*  Year \*

Continue

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

Continue

# Registration Instructions Diocese of Rockford - Volunteers

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

Additionally, **enter** your title or position of service in the box provided that best describes your role within the Diocese -- i.e. Catechist, Coach, DRE, Eucharistic Minister, Math Teacher, Seminarian, etc.

Click **Continue** to proceed.

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

**Employee (Parish/Parochial)**  
*Paid persons who are employed by and work directly for a parish or a school*

**Employee (Diocesan/Eparchial)**  
*Paid persons who are employed by and work directly for the diocese. This includes staff employed at the diocesan center*

**Volunteer**  
*Unpaid individuals including catechists*

**Priest**

**Deacon**

**Candidate for ordination**

**Educator**  
*Catholic School teachers and substitute teachers in the Catholic Schools of the Diocese of Rockford (i.e. Salaried teachers, principals and administrators. This role is NOT for Catechists or Parish Religion Educator staff (they should use the volunteer role or employee role).*

**Volunteer - Under 18**

If you have a title please enter it here:  
If you do not have a title please simply describe what you do:

Title or Position of Service:

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

Select **YES** if you need to add secondary/additional locations.  
(Follow instructions in previous step to select additional locations.)

Otherwise, if your list of locations is complete, select **NO**.

You have chosen following locations and roles:

All Saints Catholic Academy (Rockford)  
- Volunteer ✓

Are you associated with any other locations?

Yes No

Please answer the questions presented.

Click **Continue** to proceed.

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

Please review the following document and respond:

➤ **Technology & Social Media Guidelines**

To proceed and acknowledge, please **Confirm** by clicking on the acknowledgment and entering your full name and today's date.

Click on **Continue**.

Diocese of Rockford, IL  
Technology & Social Media Guidelines

**Diocese of Rockford**



Fraternity Viewing PDF Download

I acknowledge that I have received the Diocese of Rockford's Code for the Pastoral Use of Technology and Social Media. I agree that I have read and will abide by the Code.

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

Full Name (first, middle and last):  (John D. Smith)

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

Please review the following document and respond:

➤ **Code of Pastoral Conduct**

To proceed and acknowledge, please **Confirm** by clicking on the acknowledgment and entering your full name and today's date.

Click on **Continue**.

Diocese of Rockford, IL  
Code of Pastoral Conduct



**DIocese OF ROCKford**

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

Full Name (first, middle and last):  (required)

Today's Date:  (required)

[Continue](#)

Please review the following document and respond:

➤ **Sexual Misconduct Norms**

To proceed and acknowledge, please **Confirm** by clicking on the acknowledgment and entering your full name and today's date.

Click on **Continue**.

Diocese of Rockford, IL  
Sexual Misconduct Norms



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

Full Name (first, middle and last):  (required)

Today's Date:  (required)

[Continue](#)

Please review the following document and respond:

➤ **Criminal History Information Response Process**

To proceed and acknowledge, please **Confirm** by clicking on the acknowledgment and entering your full name and today's date.

Click on **Continue**.

Diocese of Rockford, IL  
**(CHIRP) Criminal History Information Response Process  
AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION  
AND TO DISCLOSE CRIMINAL BACKGROUND INFORMATION**

**Authorization to Conduct Background Check  
Catholic Diocese of Rockford**

(CHIRP) Criminal History Information Response Process

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION AND TO DISCLOSE CRIMINAL BACKGROUND INFORMATION

I hereby give my consent to the Illinois State Police to conduct a criminal background check on me from all states in which I have resided and authorize the Illinois State Police representatives to disclose to \_\_\_\_\_ (myself) the information obtained through such investigations.

I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate removal of records and will not be used for discriminatory purposes.

Please Print:

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

First Name: \_\_\_\_\_

Other Names Used by Me: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

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

Full Name (first, middle and last):  (required)

Today's Date:  (required)

[Continue](#)

# Registration Instructions Diocese of Rockford - Volunteers

Please review the following document and respond:

➤ **Mandated Reporter Form**

To proceed and acknowledge, please **Confirm** by clicking on the acknowledgment and entering your full name and today's date.

Click on **Continue**.

Please review the following document and respond:

➤ **Guidelines for Youth & Those Working with Youth**

To proceed and acknowledge, please **Confirm** by clicking on the acknowledgment and entering your full name and today's date.

Click on **Continue**.

Please answer the question, 'Have you already attended a VIRTUS Protecting God's Children Session?'

Click **Yes** or **No** to proceed.

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

If you chose **NO** during the previous step, you will be presented with a list of upcoming **VIRTUS Protecting God's Children instructor-led** sessions scheduled or online training for the **Diocese of Rockford**.

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

(If you chose **YES** during the previous step, you will be presented with a list of all instructor-led VIRTUS sessions conducted in the **Diocese of Rockford**. Choose the session you attended by clicking the downward arrow and highlighting the session -- then click **Complete Registration**.)

Please select the session you wish to attend

- Protecting God's Children for Adults
  - Where: St. Patrick Church (McHenry)
  - When: Saturday June 15 2019
  - 5:00 PM
  - Format and length of session: 2 hrs 30 min
  - Session category: unknown
  - Language: This session will be conducted in English
  - Notes: Session will be held in the Ministry Building. Enter through parking lot doors. No late arrivals or children will be admitted
  - Website link accessible: Yes
- Protecting God's Children for Adults (Online Training)
- Protecting God's Children for Adults (Online Training in Spanish)



# Registration Instructions Diocese of Rockford - Volunteers

If you chose online training, please click on the **green circle** to begin the **Online Training**

Upon completion, the last screen will allow you to **print** a certificate, and you will always have the ability to log back into your account and access the certificate.

After you attend an instructor-led session or complete the online training, you will soon receive an email of approval.

### Online Training Courses

To begin your online training, please click the title of your assigned training:

**Protecting God's Children® Online Awareness Session 3.0**  
Assigned: 10/21/2020  
Due: 11/04/2020

#### Other Languages Available (You may change versions)

Protecting God's Children® Online Awareness Session 3.0 (Spanish)

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

A PROGRAM AND SERVICE OF  
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