

STEP 1: Did you register online to attend this Protecting God's Children[™] awareness session?

- **IF YES**, your registration for VIRTUS Online is complete. You **DO NOT** need to register again.
- **IF NO**, proceed to STEP 2.

STEP 2: Do you have Internet Access?

- **If YES**, please go to www.virtusonline.org to register your information as soon as possible following this training session. You do not need to complete this form. (See attached Post-Training Registration Instructions.)
- **If NO**, please complete this form and give it to the facilitator/coordinator of the session you are attending before you leave.

NOTE: Please do not use this form if you have a computer with an Internet connection, OR access to a computer with an Internet connection. Your diocese does not have the resources to complete the registration process for those who have the ability to complete the process by themselves.

Your Organization (Archdiocese/Diocese): _____

Salutation: (i.e. Mr., Ms., Mrs., Br., Sr., etc.) _____ **Email address :** _____

First Name : _____ **Last Name :** _____

DOB: _____ **Home Address:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Ext:** _____

Your Primary Location (Where you work, volunteer, or worship – i.e. Parish Name and City):

Secondary Location(s) (Other locations where you work, volunteer, or worship – i.e. Parish Name and City):

Please select the roles that you play within your Diocese (please check all that apply):

- | | | |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Candidate for ordination | <input type="checkbox"/> Employee | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Deacon | <input type="checkbox"/> Parent | |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Priest | |

Your Title(s) within the Diocese (i.e. Catechist, Coach, Room Mom, Scout Leader, Spanish Teacher, etc):

Training Course: Protecting God's Children[™] Awareness Session for Adults

Training Date : _____ **Time:** _____

Training Location:
 (Facility Name & City) _____

Are you a parent or guardian of a child under 18? **Yes** ____ **No** ____ Decline to answer ____

Do you interact with, work with or come into contact with minors (anyone under the age of 18 years) during your activities at 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** ____