



# RENEW. ENCOUNTER. CHRIST.

"A LAY RETREAT MOVEMENT FACILITATED BY A DEVOUT CHRISTIAN COMMUNITY OF YOUTH AND YOUNG ADULTS INSPIRING YOUNG PEOPLE TO BECOME DISCIPLES OF JESUS CHRIST, BUILDING THE KINGDOM OF GOD IN THE FAMILY, AND SHARING THE GOSPEL VALUES IN EVERYDAY LIFE".

EST. 1986

*Re: Staff Application (3/2018)*

## General Information

Staff Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street Name

City/State

Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

First and Last Name

Relationship

Phone Number

## Medical Information

This medical information and consent to treat is for the express use of Catholic Youth Ministry in the Diocese of Sacramento. It is not intended for the use by Catholic Schools or Parish Religious Education Classes. This form remains in effect for one year from the date of signature.

Current Medications (Name & Dosage): \_\_\_\_\_

List All Allergies: \_\_\_\_\_

Special Diets: \_\_\_\_\_

Health Insurance Information: \_\_\_\_\_

Insurance Name

Insurance Number

Other Health Related Concerns: \_\_\_\_\_

*\*REC staff fee varies upon retreat venue. Please make all checks payable to "REC Fund"*



: RecSacramento@gmail.com ||



: www.sacrec.org ||



Search: "All Rec Family!" ||



: @RecSacramento

Recollections In Christianity, Sacramento || est. 1986



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## CONSENT TO TREAT AND RELEASE OF LIABILITY

### FOR MINOR PARTICIPANTS (Under Age 18) ; PARENTS – PLEASE READ AND INITIAL

I (We), the undersigned parents / legal guardians of the participant, named on page 1, do hereby authorize the treatment of my (our child) by a licensed physician in the case of any accident or illness may so arise, or any hospitalization necessary, and/or to be provided first aid. I (We) further agree to pay any and all costs associated with treatment not covered by my (our) insurance.

As parent(s) / legal guardian(s) of the minor, named on page 1, I (we) release, hold harmless, and discharge forever the DIOCESE OF SACRAMENTO and RECOLLECTIONS IN CHRISTIANITY, their staff, officers, directors, employees, agents, sponsors, promoters, and such person or organization arising directly or indirectly from or attributable in any legal way to any action, or omission to act of any such person or organization, and execution of Youth Ministry in the Diocese of Sacramento.

As parent(s)/legal guardians of the minor, I understand that pictures and/or my child's name (as listed on page 1) will be posted on our RECOLLECTIONS IN CHRISTIANITY website and made available to the public. Personal information (i.e. Date of birth, address, and phone number) will NOT be seen by the public on the RECOLLECTIONS IN CHRISTIANITY website.

I UNDERSTAND AND AGREE TO THE STATEMENTS LISTED ABOVE: \_\_\_\_\_  
INITIALS

### FOR ADULT PARTICIPANTS (Age 18 and Older) – PLEASE READ AND INITIAL

I, the undersigned, do hereby authorize treatment of myself by a licensed physician in the case of accident or illness may so arise, or any hospitalization necessary, and/or to be provided first aid. I further agree to pay any and all costs associated with treatment not covered by my insurance.

I release, hold harmless, and discharge forever the DIOCESE OF SACRAMENTO and RECOLLECTIONS IN CHRISTIANITY, their staff, officers, directors, employees, agents, sponsors, promoters, and such person or organization arising directly or indirectly from or attributable in any legal way to any action, or omission to act of any such person or organization, and execution of Youth Ministry in the Diocese of Sacramento.

I understand that my pictures and/or name will be posted on our RECOLLECTIONS IN CHRISTIANITY website and made available to the public. Personal information (i.e. Date of birth, address, and phone number) will NOT be seen by the public on the RECOLLECTIONS IN CHRISTIANITY website.

I UNDERSTAND AND AGREE TO THE STATEMENTS LISTED ABOVE: \_\_\_\_\_  
INITIALS

Parent/Legal Guardian Name(s) Print: \_\_\_\_\_ || \_\_\_\_\_

Parent/Legal Guardian Signature(s): \_\_\_\_\_ || \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Phone Number(s): Main \_\_\_\_\_ Alternative \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



: RecSacramento@gmail.com ||



: www.sacrec.org ||



Search: "All Rec Family!" ||



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## REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)[Reset Form](#)

### Applicant Submission

**A2733**

ORI (Code assigned by DOJ)

**Volunteer**

Authorized Applicant Type

**Volunteer**Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

**Roman Catholic Bishop (Sacramento)**

Agency Authorized to Receive Criminal Record Information

**08893**

Mail Code (five-digit code assigned by DOJ)

**2110 Broadway**

Street Address or P.O. Box

**Sandra Canenquez**

Contact Name (mandatory for all school submissions)

**Sacramento**

City

**CA**

State

**95818**

ZIP Code

**916-733-0237**

Contact Telephone Number

### Applicant Information:

**Last Name**Other Name  
(AKA or Alias) Last**Date of Birth****Sex**☐

Male

☐

Female

**Height****Weight****Eye Color****Hair Color****Place of Birth (State or Country)****Social Security Number**

Home

Address **Street Address or P.O. Box****First Name****Middle Initial**

Suffix

First

Suffix

**Driver's License Number**Billing  
Number

(Agency Billing Number)

Misc.  
Number

(Other Identification Number)

**City****State****ZIP Code**Your Number: **Recollection In Christianity**

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

T  
e  
Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170