



SCHOOL REFERENCE FORM FOR MINOR VOLUNTEERS

Date:

Dear Principal, Dean, or School Administrator,

_____ ("Applicant"), a student at your school, has volunteered to serve in a position of trust in which he/she may have direct contact with children. To ensure a safe environment in our churches, schools and facilities, The Catholic Archdiocese of Atlanta and Applicant together ask you to complete this confidential reference and return it within five business days to:

SCHOOL
Please write your location's name
and return address here

To the best of your knowledge:

YES NO

- Is Applicant a student in good standing at your school? YES NO
- Has Applicant ever been the subject of an investigation involving an allegation of physical or sexual abuse or other abusive behavior? YES NO
- Has Applicant ever been disciplined for conduct involving physical or sexual abuse or other abusive behavior? YES NO
- Has Applicant ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? YES NO
- Do you know of any reason Applicant should not be placed in a position of trust to interact with or supervise children of the same or opposite sex? YES NO
- Do you recommend Applicant for such a position? YES NO

Comments:

Authorized Signature:

Date:

Print Name:

Position:

Student Signature:

Date:

Parent/Legal Guardian Signature:

Date:

Student Name:

Date:

Parent/Legal Guardian Name:

Date: