

## School Reference Form Minor Volunteers



Date: _	
Dear F	Principal, Dean, or School Administrator,
ensure of Atla	("Applicant"), a student at your school, has volunteered to n a position of trust in which he/she may have direct contact with children. To a safe environment in our churches, schools and facilities, The Catholic Archdiocese and and Applicant together ask you to complete this confidential reference and return in five business days to:
(Please 30303)	write your location's name and return address below, E.g. St. Joseph, 123 Main St, Atlanta, GA
	St. Benedict Catholic Church
	11045 Parsons Road
	Johns Creek, GA 30097
	best of your knowledge:  Is Applicant a student in good standing at your school? Yes No
2.	Has Applicant ever been the subject of an investigation involving an allegation of physical or sexual abuse or other abusive behavior? Yes No □ □
3.	Has Applicant ever been disciplined for conduct involving physical or sexual abuse or other abusive behavior? Yes No $\ \square$
	Has Applicant ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? Yes No □ □
5.	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
6.	Do you recommend Applicant for such a position? Yes No
Comm	nents:

REVISED December 2015

## School Reference Form Minor Volunteers Continued

School Official's Section		
Date:	Signature:	
	Print Name:	
	Position:	
Minor Volunteer's Section		
Submitted by:		
Date:	Student Signature:	_
	Print Name:	_
	Parent Signature:	_

Print Name: \_\_\_\_\_