School Reference Form
Minor Volunteers

PROMISE TO PROTECT
PLEDGE TO HEAL

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:

Catholic Church of Saint Monica
1700 Buford Highway
Duluth, Georgia 30097

(Please write your location's name and return address below, E.g. St. Joseph, 123 Main St, Atlanta, GA 30303)

To the best of your knowledge:

	YES	NO
1. Is Applicant a student in good standing at your school?	☐	☐
2. Has Applicant ever been the subject of an investigation involving an allegation of physical or sexual abuse or other abusive behavior? ☐	☐	☐
3. Has Applicant ever been disciplined for conduct involving physical or sexual abuse or other abusive behavior?	☐	☐
4. Has Applicant ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation?	☐	☐
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? ☐	☐	☐
6. Do you recommend Applicant for such a position? ☐	☐	☐

Comments:

School Official's Section

Print Name: _____ Position: _____

Signature: _____ Date: _____

Minor Volunteer's Section

_____	_____	_____
Student Signature	Print Name	Date
_____	_____	_____
Parent Signature	Print Name	Date

REVISED May 2017