



School Reference Form Minor Volunteers



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:

Mary Our Queen Catholic Church
6260 The Corners Parkway
Peachtree Corners, GA 30092

To the best of your knowledge:

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

Comments:

School Official's Section

Print Name: _____ Position: _____

Signature: _____ Date: _____

Minor Volunteer's Section

Student Signature

Print Name

Date

Parent Signature

Print Name

Date