

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA

OFFICE OF CHILD & YOUTH PROTECTION



Confidential School Reference Form

Section A: To be filled out by applicant & parent

Full Legal Name of Minor: _____
(First) (Middle) (Last)

Grade: _____ Minor Email Address: _____

Location of service (volunteer/work): _____

Name and email address of the person at the location to whom this form should be sent:

(Name) (Email address)

Minor Signature: _____ Date: ____/____/____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: ____/____/____

Section B: To be filled out by school official

Please complete the confidential reference form regarding the above named student who would like to volunteer/work with children and/or vulnerable individuals. Scan and email this form to the contact at the location listed above for which the student would like to volunteer/work.

YES NO Is the applicant a student in good standing at your school?

YES NO Has the applicant ever been the subject of an investigation involving an allegation of bullying, harassment, physical abuse, sexual abuse or other abusive behavior?

YES NO Has the applicant ever been in trouble at school and received a consequence greater than detention?

YES NO Do you know of any reason the applicant should not be placed in a position of trust with children and/or vulnerable individuals?

YES NO Do you recommend the applicant for working with children and/or vulnerable individuals?

- ☐ Please call for more information.
☐ Please see comments on the back of this page.

School Official's Name: _____ Position: _____

School Official's Signature: _____ Date: ____/____/____

School Name: _____ City: _____