



The Disabilities Ministry
Toni's Camp Retreat 2024
Contract For **Minor/Student Volunteers**



Dear Parent and Student,

Since 2001, The Archdiocese of Atlanta has sponsored camp for youth and adults with a variety of disabilities. Groups of youth and young adults are invited to serve as counselors. This typically involves a one to one relationship with a camper, or helping to facilitate activities. Ample support is offered from adult staff, nursing staff, and Archdiocese of Atlanta clergy. The day is full of fun and hard work. It is a spiritual blessing for all participants. Students who complete the program can receive up to 40 service hours. The Contract for Minor/Student Volunteers follows:

I, _____,
understand and agree to follow the guidelines and rules listed below for the Archdiocese of Atlanta, Toni's Camp Retreat, May 3-5, 2024.

- ◆ No alcohol or drugs at camp
- ◆ No medication in cabins
- ◆ No smoking
- ◆ No girls in boys' cabins and no boys in girls' cabins
- ◆ No inappropriate demonstrations of affection
- ◆ Treat all participants, staff and leaders with respect
- ◆ Be on time for all meals and activities
- ◆ Follow all established guidelines
- ◆ Parked cars are "off limits" at all times
- ◆ Cell phones and car keys will be checked in at the beginning of the retreat

I understand my parents will be notified immediately if any of these rules are broken and they will be asked to pick me up from Toni's Camp/Camp Twin Lakes. This will be based upon the Director's discretion.

Student Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

Parent or Guardian Phone Number _____





Toni's Camp Retreat 2024

Participant Registration Consent Form and Liability Waiver



Camper Volunteer Nurse Core Team

Participant's Name _____ Birth Date _____

Female Male Number of years attending Toni's Camp _____

T-shirt Size Adult: small medium large XL XXL XXXL

Church/Parish _____ School Name _____ Grade _____

Parent/Guardian's Name _____

Number to Reach you on Sunday _____

Address _____

City _____ State _____ Zip _____


Home Telephone _____ Cell Phone _____

E-mail Address _____

I, (adult volunteer, parent or guardian's name) _____ grant permission for my participant/myself (participant's name) _____ to attend and participate in all activities at **Toni's Camp Retreat** sponsored by the Archdiocese of Atlanta at Camp Twin Lakes on the weekend of May 3-5, 2024. This activity will take place under the guidance and direction of the Archdiocese of Atlanta employees and/or volunteers.

As adult volunteer, parent and/or legal guardian, I remain legally responsible for any personal actions taken by myself or the above named participant.

I agree on behalf of myself, and my participant named herein, if that is applicable, to hold harmless, release and not to sue the Archdiocese of Atlanta or any of its clergy, pastors, volunteers, officers, directors, or agents or any chaperones or representatives associated with the event for any claim for personal injury or damage to property that arise out of or are caused by the fault or negligence of myself or my participant or the fault or negligence of the chaperones or representatives of the Archdiocese of Atlanta associated with the event.

 Signature _____ Date _____





The Disabilities Ministry
Toni's Camp Retreat 2024



Participant Registration Consent Form and Liability Waiver

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my participant is (I am) in good health, other than chronic conditions listed below, and I assume all responsibility for the health of the participant. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my participant to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Participant Name _____
Home Telephone _____ Cell Phone _____
Family Doctor _____ Phone _____
Health Plan Insurance _____ Policy or I.D. No. _____
Medicaid or Medicare No. (If Applicable) _____

➔ Signature _____ Date _____

MEDICATIONS: Do not put medication of any kind in the suitcases. Under NO circumstances is the participant to be responsible for his own medication. No medication, prescription or non-prescription, is allowed in the cabins. This rule applies to both campers and volunteers and is for the protection of all.

ALL medication must be sent to camp in the original containers. We must have complete labeling and physicians instructions. Please send only the necessary amount of medication needed for the Toni's Camp weekend.

My participant **WILL BE** bringing medication to camp. (This includes both prescription and non-prescription medication).

➔ Signature _____ Date _____

CHOOSE ONE BELOW:

No medication of any type, whether prescription or non-prescription, may be administered to my participant unless the situation is life-threatening and emergency treatment is required.

➔ Signature _____ Date _____

I hereby grant permission for non-prescription medication (such as Aspirin, Tylenol, Advil, throat lozenges and cough syrup, Benadryl or over-the-counter antihistamines) to be given to my participant, if deemed appropriate.

➔ Signature _____ Date _____





The Disabilities Ministry
 Toni's Camp Retreat 2024
 Medication List and Instructions

Archdiocese of Atlanta



➔ PARTICIPANT NAME: _____
 IN CASE OF EMERGENCY CONTACT : _____
 PHONE: _____ ALTERNATE PHONE: _____

Please list below all medications you will be sending to camp with complete names and instructions. Remember that all medications are to be given to the nurse or bus captain or camp director at the beginning of camp and must be in their original packaging with doctor instructions. Please send only what is required for the camp duration.

List names of each medication and concise directions for dispensing, including dosage and frequency of dosage, along with any special notes, such as: take with meals, milk or juice. **NO PHARMACY LISTS WILL BE ACCEPTED.**

Medications are given by medical staff, usually at mealtimes. Please let us know if you need a different schedule.

MEDICATIONS

SPECIAL INSTRUCTIONS

Breakfast:	_____	_____
	_____	_____
	_____	_____
	_____	_____
Lunch Time:	_____	_____
	_____	_____
	_____	_____
	_____	_____
Dinner Time:	_____	_____
	_____	_____
	_____	_____
	_____	_____
Bedtime: (9:30 p.m.)	_____	_____
	_____	_____
	_____	_____
	_____	_____
As Needed:	_____	_____
	_____	_____
	_____	_____
	_____	_____

➔ **Signature** _____ **Date** _____





The Disabilities Ministry

Archdiocese of Atlanta

Toni's Camp Retreat 2024

Participant Registration Consent Form and Liability Waiver



SPECIFIC MEDICAL INFORMATION Camp Participant's NAME _____

We will take reasonable care to see that the following information will be held in confidence.

Disability if any _____

Allergic reactions (describe reaction and treatment) to things such as medications, foods, plants, insects, Latex, etc.

Does participant have a medically prescribed diet? Yes No If yes, please describe _____

Does participant have any physical limitations? Yes No If yes, please describe _____

Does participant have a seizure disorder? Yes No If yes, please describe _____

Is participant subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting, etc.? Yes No If yes, please describe _____

Has participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, Covid, etc.? Yes No If yes, list date and disease or condition _____

Participant has the following special medication conditions the staff should be aware of: _____

➔ Signature _____ Date _____





The Disabilities Ministry
Toni's Camp Retreat 2024
Camp Twin Lakes (Exhibit 2)
Archdiocese of Atlanta Release Form



This agreement must be read and signed for you/your child to be eligible to attend the RCAA Administrative Services, Inc. program Toni's Camp Retreat at Camp Twin Lakes. Your/Your Child's Name: _____

I. PARTICIPATION CONSENT I understand and certify that my/my child's participation in the and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the RCAA Administrative Services, Inc. program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, lake swimming, and boating. I acknowledge that although RCAA Administrative Services, Inc. and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, RCAA Administrative Services, Inc. and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the RCAA Administrative Services, Inc. program at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur and I have received approval from a doctor authorizing me/my child to participate in RCAA Administrative Services, Inc. activities at Camp Twin Lakes. I also agree to inform RCAA Administrative Services, Inc. of any activities in which I/my child may not participate. I understand and agree that my child will be in an environment that involves elements related to nature, camping or community living, such as insects and insect bites, sun exposure, or communicable illnesses, including, but not limited to COVID19.

II. LIABILITY RELEASE I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge RCAA Administrative Services, Inc. and Camp Twin Lakes, and any of their clergy, pastors, volunteers, officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance in the RCAA Administrative Services, Inc. program at Camp Twin Lakes.

III. MEDIA RELEASE I do ___ I do not ___ give RCAA Administrative Services, Inc. and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. RCAA Administrative Services, Inc. and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that RCAA Administrative Services, Inc. or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release RCAA Administrative Services, Inc. and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by RCAA Administrative Services, Inc. and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. PROGRAM AND OUTCOMES EVALUATION I do ___ I do not ___ give RCAA Administrative Services, Inc. and Camp Twin Lakes permission to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. DISPUTES I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

Parent/Guardian/Self Signature _____

Date _____





**The Disabilities Ministry
Toni's Camp Retreat 2024
Release, Waiver, Indemnification, and Health Affirmation For
Camp Twin Lakes, Inc.**



By signing this Release, Waiver, Indemnification, and Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc. ("CTL") permitting me/my child/my ward to attend and participate in activities at Toni's Camp Retreat and CTL's facility (collectively "Camp Twin Lakes"), I hereby release and forever discharge CTL, RCAA Services Inc. and any of their clergy, pastors, volunteers, officers, directors, employees, and agents (the "Released Parties") from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward during or related to my/my child's/my ward's attendance at a camp at Camp Twin Lakes. I understand and certify that my/my child's/my ward's participation in Toni's Camp Retreat and its activities at Camp Twin Lakes is completely voluntary and I have familiarized myself with the Toni's Camp Retreat program and activities at Camp Twin Lakes in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Camp Twin Lakes activities and programs, and I acknowledge that the Released Parties cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child or my ward, to the extent my child or ward will be attending and participating in activities at Camp Twin Lakes, in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Twin Lakes. I also agree to defend, indemnify and hold the Released Parties harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of my/my child's/my ward's participation at Camp Twin Lakes, whether caused in whole or in part by the negligence of the Released Parties; provided, however, that this provision shall not operate to require indemnification of any gross negligence or willful misconduct of the Released Parties. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in the activities at Camp Twin Lakes. I further agree to inform Camp Twin Lakes of any activities in which I/my child/my ward is not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself or the minor child or ward to be treated by a doctor if needed.



Adult Signature _____

Name of Minor Child or Ward (if applicable) _____

Date _____





**The Disabilities Ministry
Toni's Camp Retreat 2024
Dress Code**

Archdiocese of Atlanta



Anyone associated with the Disabilities Ministry is expected to dress in good taste and in a manner which reflects the atmosphere of the Archdiocese of Atlanta. Modesty, cleanliness, and appropriateness are expected at all times.

Dressing in good taste is defined as follows:

1. Undergarments are not displayed (e.g. holes, tears, or outer garment material do not reveal undergarments, and bra straps are concealed by outerwear). Any sleeveless blouse or shirt must have a shoulder strap that is at least three fingers wide.
2. Shorts, skirts, and dresses are at a length that will allow the wearer's fingertips to touch the garment when arms and hands are fully extended, while standing. All forms of clothing cover the wearer's midriff, and, for females the chest/bust/cleavage area as well. The length of garments worn on the upper torso (i.e. shirts, tanks, blouses, sweaters) must cover or be covered by the wearer's waist band while standing.
3. Clothing must be worn that covers and rests upon or above a wearer's hips.

Bare feet are prohibited. Flip flops/sandals are highly discouraged.

Hats are not permitted for male communicants during Mass.

Clothing which displays alcohol, tobacco products, illegal drugs, satanic symbols, and inappropriate language and/or symbols, is not permitted during Ministry sponsored or supervised activities.

Compliance with directives of ministry officials in regards to the dress code is expected during ministry-sponsored or supervised activities. Failure to comply will result in disciplinary action up to and including immediate removal from ministry volunteer and service registries.

THIS FORM TO BE SIGNED BY ALL PARTICIPANTS

I have read and agree to abide by the dress code as required by the Disabilities Ministry of those who participate in ministry sponsored or supervised activities.

Participant Signature _____ Date _____

If the participant has not passed his or her 18th birthday, a parent or guardian's signature is required as well.

Parent's Signature _____ Date _____





**The Disabilities Ministry
Toni's Camp Retreat 2024
General Information
(Keep this Page)**

Archdiocese of Atlanta



Safe Environment Program

All volunteers in the Archdiocese of Atlanta are required to be approved through the Safe Environment Program. All applications must be completed by April 15, 2024.

ADULT VOLUNTEERS:

Adult Volunteers who have NOT been approved in the past 5 years, please register for VIRTUS:

Go to <https://www.virtusonline.org/virtus/>.

1. Click the green *First-Time Registrant* box on the left hand side of the screen.
2. Select *Begin the registration process*.
3. Select **Atlanta, GA (Archdiocese)** from the drop down menu.
4. Create User ID and password. Do not use a shared email address.
5. Complete personal information.
6. Select primary location, role, and title. (Toni's Camp Retreat)
7. Let us know if you are involved with more than one location.
8. Select a *Protecting God's Children* session from the list.

If you have trouble with VIRTUS registration, please contact Gina Garcia in the Office of Child and Youth Protection at 404-920-7552 or ggarcia@archatl.com.

A background check will be emailed to you at the address provided in your application.

TEEN VOLUNTEERS:

Teen volunteers who are enrolled in high school, under the age of 19 are considered minor volunteers and must complete the minor volunteer paperwork. (Included).

All teen volunteers who have left high school and are now 18 or older **MUST** complete the ADULT volunteer safe environment program. (See above ADULT VOLUNTEERS).

**Any questions please contact:
Maggie Rousseau
Director, Disabilities Ministry
mrousseau@archatl.com
404-920-7682**





The Disabilities Ministry
Toni's Camp Retreat 2024
General Information
(Keep this Page)

Archdiocese of Atlanta



Please Save This Information Sheet for Future Reference

Volunteers/counselors please try to arrive at 4 p.m. Camper check in is at 5 p.m. Do not drop off CAMPERS before 5 p.m. We will not have the staff to register them. **THERE WILL BE NO CAMPER REGISTRATION BEFORE 5 P.M.**

Dinner at camp is served promptly at 6 p.m. (whether we are there or not).

Families wishing to attend mass on Sunday at 10:00am MUST pre-register with Maggie Rousseau at: mrousseau@archatl.com.

After lunch on Sunday, May 5, we will close camp at 2 p.m. **PLEASE DO NOT PLAN TO PICK UP YOUR CAMPER OR VOLUNTEER BEFORE CAMP ENDS.**

Clothing List

A "What to Bring" list is enclosed as a guideline. Everything on this list is not necessary, but has proved to work well for most campers. You know what your camper will or will not use. Please be sure to send an extra pair of shoes and do label all items, especially bedding, including pillows. A hat, to keep the sun off the face, can prevent bad sunburn. It is helpful to have you enclose the clothing list in the top of the suitcase, checking off the items and numbers sent, as a guide for packing to come home.

We have suggested a sleeping bag, but if you do not have one or prefer bedding, this is fine. If your camper is incontinent at night, sheets and a blanket that can be washed would probably work better.

Personal music and gaming devices may be used in the cabins only.

Spending Money

There is NO need for campers or counselors to bring money. We cannot be responsible for it.

Medication

Any participant that will need medication **must bring the medication with him/her in the original package, with the participant's name, prescribing doctor and dosage visible on the container. Do not put medication of any kind in the suitcase. Under NO circumstances is anyone to be responsible for his own medication. No medication, prescription or over-the-counter, is allowed in the cabins.** This rule applies to both campers and volunteers/counselors and is for the protection of all. Please give medication directly to the nurse (or if riding the bus, the person in charge of the bus).

We need to be aware of all medical problems, such as heart disease, diabetes, epilepsy, allergy to bee or insect stings, etc., and the emergency procedure.

Pictures

We will be taking a group picture and you will be given an opportunity to see it as soon as it is ready. If you do not want your camper's picture taken, please let us know and your wish will be respected.

To Reach Us at Camp Twin Lakes—Rutledge

Directions to Camp Twin Lakes can be found at : <http://www.camptwinlakes.org/locations/rutledge.html>

The telephone number is 706-557-9070, ext. 200. There will NOT be someone at this number at all times.

If you must reach us and cannot get an answer, please call Maggie Rousseau 770-714-8717. Cell service is spotty at times.



Form 237.TC08
January 2024

The Disabilities Ministry
Archdiocese of Atlanta
2401 Lake Park Drive
Smyrna, Georgia 30080
404-920-7682

Page 1 of 1

A CHECKLIST FOR PACKING—WHAT TO BRING AND WEAR

Keep this Page



We hope this list will help you get ready for camp.

Everything on this list is not necessary. You know what your camper needs.

Please attach this inventory list to the top of the suitcase. It will help when preparing to return home.

LABEL ALL YOUR BELONGINGS

especially luggage, bedding and pillows.

1. BEDDING

- a. Sleeping Bag (2 single sheets and 2 blankets, if preferred)
- b. Pillow and Pillow Case (please label)

2. TOILETRY ITEMS

- a. Toothbrush
- b. Toothpaste
- c. Hair brush and comb
- d. Towels and wash cloths
- e. Soap and Shampoo
- f. Tissue

3. CLOTHING

- a. Hat (to keep sun off face)
- b. Jeans or slacks
- c. Shorts
- d. Shirts (at least one with long sleeves)
- e. Pajamas
- f. Socks
- g. Underwear
- h. Warm jacket or sweater
- i. Raincoat or poncho
- j. Swimsuit (to assist during showers)
- k. Shoes (2 pairs)
- l. Shower Cap

4. OPTIONAL ITEMS

- a. Sunglasses
- b. Sunscreen
- c. Books or cards
- d. Flashlight
- e. Zip-lock bag for wet items
- f. Umbrella

5. MEDICINE

(DO NOT PACK IN SUITCASE—GIVE TO NURSE)

- a. _____
- b. _____
- c. _____

Camp begins Friday at 5pm and ends on Sunday at 2pm.



All cell phones and car keys will be collected at check-in and returned at check-out



THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



OFFICE OF CHILD & YOUTH PROTECTION

Minor Volunteer Application

Section A: To be completed by parent or guardian

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

Address: _____
(Street) (City) (State) (Zip)

Minor Email Address: _____

Date of Birth: ____/____/____ Minor Phone Number: ____ - ____ - ____ Current Grade Level: _____

Currently Attending _____
(School Name)

Homeschooled

YES NO 1. Has your child ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation?

YES NO 2. Has your child ever been the subject of an investigation involving an allegation of sexual abuse?

YES NO 3. Has a civil or criminal complaint ever been filed against your child alleging physical abuse or sexual abuse?

YES NO 4. Has your child ever been terminated from employment for reasons relating to allegations of physical abuse by your child?

YES NO 5. Has your child ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by your child?

* If yes to any of the above questions, please give an explanation of the circumstances of the back of this page.

Parent/Guardian Name (please print): _____

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

Section B: To be completed by Safe Environment Coordinator

Location Name: _____ City: _____

Date minor volunteer's School Reference Form was received and approved: ____/____/____ OR

Date minor volunteer's references were checked if homeschooled: ____/____/____

Safe Environment Coordinator Name (please print): _____

Safe Environment Coordinator Signature: _____ Date: ____/____/____

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 such a 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: _____

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



OFFICE OF CHILD & YOUTH PROTECTION

Homeschool Student Confidential Reference Form

Section A: To be filled out by applicant & parent

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

Minor Email Address: _____

Location of service (volunteer/work): _____

Three non-relative references (e.g. coach, piano teacher, Scout leader):

_____	_____	_____
<i>(Name)</i>	<i>(How this adult knows you)</i>	<i>(Email address and/or phone number)</i>
_____	_____	_____
<i>(Name)</i>	<i>(How this adult knows you)</i>	<i>(Email address and/or phone number)</i>
_____	_____	_____
<i>(Name)</i>	<i>(How this adult knows you)</i>	<i>(Email address and/or phone number)</i>

Minor Signature: _____ Date: ____/____/____

Parent/Guardian Name (please print): _____

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

Section B: To be filled out by Safe Environment Coordinator

Please contact the three non-relative references of the homeschooled student listed above and ask the following questions. A record of the answers to these questions, the date, and the time of the conversation must be kept on file for each reference listed above.

1. How long have you known the applicant?
2. In what capacity do you know the applicant?
3. To your knowledge has the applicant ever been the subject of an investigation involving an allegation of bullying, harassment, physical abuse, sexual abuse or other abusive behavior?
4. Has the applicant ever gotten in trouble during a time he/she was with you and received a consequence greater than a verbal reminder/reprimand?
5. Do you know of any reason the applicant should not be placed in a position of trust with children and/or vulnerable individuals?
6. Do you recommend the applicant?
7. Is there anything else you would like to share?

Safe Environment Coordinator Name (please print): _____

Safe Environment Coordinator Signature: _____ Date: ____/____/____