



The Disabilities Ministry
Toni's Camp Retreat 2022



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 6-8, 2022. 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 2022
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.

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 2022



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 2022
Medication List and Instructions**



➔ 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 2022

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.

Camp Participant's NAME/Disability if any _____

Covid 19 Vaccination: First shot date _____ Second shot date _____ Booster shot date _____

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, 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 2022
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 2022
Teen Counselor Commitment

Archdiocese of Atlanta



Dear Parent and Student,

In 1971 Toni took her daughter camping with some friends and that tradition continued with help from her parish. Since 2001, The Archdiocese of Atlanta has sponsored Toni's Camp Retreat 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. The counselor is totally responsible for assisting the camper in his/her needs from Friday afternoon until about 3 p.m. Sunday. Ample support is offered from adult staff, nursing staff, and Archdiocese of Atlanta clergy.

The weekend is full of fun and hard work. It is a spiritual blessing for all participants.

Students who complete the weekend can receive up to 40 service hours.

Parent please sign (if counselor is a minor): I am aware my son/daughter is making a serious commitment to be a counselor and I will support him/her with my permission and encouragement.

➔ Parent Signature _____
Date _____

Counselor please sign: I am aware I am making an important commitment in agreeing to be a counselor. I understand the camp staff will be relying on me to fulfill my promise.

➔ Counselor Signature _____
Date _____



**The Disabilities Ministry
Toni's Camp Retreat 2022
NEW TEEN VOLUNTEERS
(Keep this page)**

Archdiocese of Atlanta



If you are a **NEW** teenage volunteer and have not passed your 18th birthday by May 4, 2022, you must submit one (1) written reference attesting to your willingness and enthusiasm for working with individuals with intellectual disabilities. Some suggestions for a reference are:

- ◆ from a faculty or administrative staff member of your school
- ◆ from the clergy or a staff member of your parish or faith community
- ◆ from an adult who is not related to you by marriage or blood

We further require that references from your school and faith community be written on that organization's regular letterhead. It is permissible for you to hand deliver the references back to us. It is also permitted to have them faxed to us at (404) 920-7681.

We are looking for dependable young people in high school who are patient, work well in group situation and have the ability to get along with other people.

All recommendations must be made without any reservation at all concerning regular contact with children and vulnerable individuals. **All references must be in this office on April 15, 2022.**

The reference should be addressed to:

Maggie Rousseau
Director, Disabilities Ministry
Archdiocese of Atlanta
2401 Lake Park Drive SE
Smyrna, Georgia 30080



**The Disabilities Ministry
Toni's Camp Retreat 2022**

Contract For Minor/Student Volunteers at Camp Twin Lakes

Archdiocese of Atlanta



I, _____,
understand and agree to follow the guidelines and rules listed below for the Archdiocese of Atlanta, Toni's Camp Retreat at Camp Twin Lakes, May 6-8, 2022.

- ◆ No alcohol or drugs
- ◆ 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 _____



Parent or Guardian Signature _____

Parent Phone Number _____

Date _____



**The Disabilities Ministry
Toni's Camp Retreat 2022
Dress Code
(Keep this Page)**

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 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.



**The Disabilities Ministry
Toni's Camp Retreat 2022
Dress Code Acknowledgement Form
Please Sign and Return**

Archdiocese of Atlanta



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 2022
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 8, 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 participants 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.

A CHECKLIST FOR PACKING—WHAT TO BRING AND WEAR



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 STUFF

especially luggage, bedding and pillows.

(Keep this Page)

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 Disabilities Ministry
Toni's Camp Retreat 2022
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, 2022.

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:

All teen volunteers who are enrolled in high school, under the age of 19 are considered minor volunteers and must complete the minor volunteer paperwork.

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



_____ is applying to serve as a volunteer for the _____. For reference purposes, we are required to ask several questions regarding the volunteer:

1. What is the specific relationship between you and this candidate?
2. Do you think this person is patient and works well in group situations?
3. Does this person have the ability to follow directions and to get along with other people?
4. What were 3 strengths of the volunteer in the position? 3 weak points or areas needing improvement?
5. Do you think this person has the maturity to work in the _____? Why or why not?
6. What do you think would be the ideal job for this candidate?
7. What can we expect from this candidate if he/she comes to volunteer for us?
8. If you had only one word to describe this volunteer, what would it be?

We require at least one of those references to be from each of the following three categories:

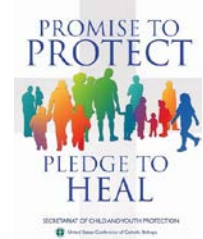
- Faculty or administrative staff member of the applicant's school or employer.
- Clergy or staff member of the applicant's parish or faith community.
- An adult known to the applicant who is *not* related by marriage or blood.

Completed by

Date



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:

(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?	<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

PROVIDE THREE REFERENCES (NON-FAMILY MEMBERS)

1) Name: _____ Phone Number: _____

2) Name: _____ Phone Number: _____

3) Name: _____ Phone Number: _____