

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: ____/____/____