

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: \_\_\_\_\_