Safeguarding All of God's Family Formation

(Please Complete Information requested below. Thank you.)

I have attended or plan on attending a <u>Safeguarding All of God's Family</u> safe environment training session. I understand that I must register for this session on-line at <u>www.archmil.org</u>. I also understand that I must attend a safe environment session, and have a background check performed before I begin my employment/volunteer service at Saint Charles Parish.

Session held at	Parish on		
	lame of Parish)	(Date)	
The following information is necessary background che			the
Name:			
Last	First	Middle	
Maiden Name:			
Address:			
Address:Street		City	Zip
E-Mail Address:			
Race: Sex	: Date	of Birth:	
Social Security Number (re	quired):		
Please <u>circle one</u> of the foll		eer Religious Ed Vo eer Parish Volunte	
What is your role at St. Cha (example: 'Coach'; 'Catechist Parent Volunteer', 'Nursery'		Trip Chaperone';	
Role:			
I grant permission for Saint C 53029, to conduct a required information obtained through Parish, and will not be used for Family training formation prog be completed before I begin i	background check upor this check will be held c or any purpose other tha gram. I also understand	n myself. I understand onfidential by Saint C an the <u>Safeguarding A</u> I that this background	d that Charles All of God's Check must
Signature:			

(please return this form to Elizabeth Thompson, Pastoral Associate, at the St. Charles Parish Office)