



# Our Lady of the Assumption Catholic School

*seeks to create a nurturing environment grounded in the Catholic faith, which provides for the spiritual and academic development of each child.*

## **Safe Environment Requirements**

Any volunteers, including but not limited to classroom moms, library helpers, field trip chaperons, and lunchroom monitors, are required to undergo all "Safe Environment" requirements as set by the Archdiocese of Atlanta.

Completed paperwork must be submitted to the Assistant Principal two weeks prior to participating as a volunteer. Safe Environment forms must be updated every three years. Per Archdiocesan regulations, volunteers who have completed the "Safe Environment" paperwork for another Archdiocese are required to undergo the Archdiocese of Atlanta "Safe Environment" screening.

[Archdiocese of Atlanta Office of Safe Environment](#)

## **Safe Environment Documents**

["You Matter" Video](#)

The "You Matter" Safe Environment Training Video is approximately one hour long. For easier downloading, the video has been divided into sections. However, you must watch all sections to receive credit for viewing the video.

- [Sexual Abuse Policy](#)
- [Code of Conduct](#)
- [Ministerial Standards when Dealing with Vulnerable Individuals](#)
- [Ministerial Standards for Educators](#)
- [Summary of Your Rights Under the Fair Credit Reporting Act](#)

## **Safe Environment Forms**

Forms may be filled out online prior to printing. ALL forms must be completed, signed, and submitted together.





# SAFE ENVIRONMENT COMPLIANCE

## ADULTS

*(Video Form)*

I acknowledge that I have received and watched "You Matter," the Archdiocese of Atlanta Safe Environment training video. I understand and agree to comply with the reporting procedures and policies that are identified in this film.

Name: \_\_\_\_\_  
[Please type or print]

Signed: \_\_\_\_\_

Parish/School/Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Check one:

- Priest  
 Deacon  
 Deacon in Formation  
 Religious  
 Seminarian  
 Employee  
 Independent Contractor  
 Volunteer



## Acknowledgement of Receipt (*Sexual Abuse Policy*)

I hereby acknowledge that on \_\_\_\_\_ I received a copy of the Archdiocese of Atlanta's "**Updated Policy of the Archdiocese of Atlanta Concerning the Protection of Children and Vulnerable Individuals from Sexual Abuse by Church Personnel**", revised effective April, 2009 that I have read the Policy, understand its meaning, and agree to conduct myself in conformity with the Policy as the Policy may be amended in the future. I also understand that this acknowledgment will be kept in my personnel file.

Name: \_\_\_\_\_  
[Please type or print]

Signature: \_\_\_\_\_

Parish/School/Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Please check one:

- Priest  
 Deacon  
 Deacon in Formation  
 Religious  
 Seminarian  
 Employee  
 Independent Contractor  
 Volunteer



## Acknowledgement of Receipt (Code of Conduct)

I hereby acknowledge that on \_\_\_\_\_ I received a copy of the Archdiocese of Atlanta's **"Code of Conduct for Church Personnel for the Archdiocese of Atlanta, Especially in Regard to Interaction with Minors and Vulnerable Individuals"**, revised effective June 2009, that I have read the Code, understand its meaning, and agree to conduct myself in conformity with the Code as the Code may be amended in the future. I also understand that this acknowledgment will be kept in my personnel file.

Name: \_\_\_\_\_  
[Please type or print]

Signed: \_\_\_\_\_

Parish/School/Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Check one:

- Priest
- Deacon
- Deacon in Formation
- Religious
- Seminarian
- Employee
- Independent Contractor
- Volunteer



## Acknowledgment of Receipt

*(Ministerial Standards when Dealing with Vulnerable Individuals)*

I hereby acknowledge that on \_\_\_\_\_ I received a copy of the Archdiocese of Atlanta's "**Ministerial Standards When Dealing with Vulnerable Individuals**" effective June, 2009. I have read the "Ministerial Standards" and agree to conduct myself in conformity with the Standards as they may be amended in the future. I also understand that this acknowledgment form will be kept in my personnel/volunteer file.

Name: \_\_\_\_\_  
[Please type or print]

Signed: \_\_\_\_\_

Parish/School/Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Check one:

\_\_\_\_ Priest

\_\_\_\_ Deacon

\_\_\_\_ Deacon in Formation

\_\_\_\_ Religious

\_\_\_\_ Seminarian

\_\_\_\_ Employee

\_\_\_\_ Independent Contractor

\_\_\_\_ Volunteer



## Acknowledgment of Receipt

*(Ministerial Standards for Educators)*

I hereby acknowledge that on \_\_\_\_\_ I received a copy of the Archdiocese of Atlanta's "**Ministerial Standards for Educators and Educational Volunteers Who Have Regular Contact with Children and/or Vulnerable Individuals**" effective June, 2009. I have read the "Ministerial Standards" specific to this ministry and agree to conduct myself in conformity with the Standards as they may be amended in the future. I also understand that this acknowledgment form will be kept in my personnel/volunteer file.

Name: \_\_\_\_\_  
[Please type or print]

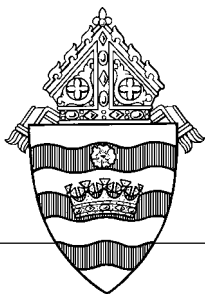
Signed: \_\_\_\_\_

Parish/School/Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Check one:

- Priest  
 Deacon  
 Deacon in Formation  
 Religious  
 Seminarian  
 Employee  
 Independent Contractor  
 Volunteer



Archdiocese of  
Atlanta

# *Volunteer* Notification & Authorization

This is used to inform you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating your qualifications to serve as a volunteer.

In addition to any criminal history this report may contain information relating to your character and general reputation through personal references. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

## **To whom it may concern:**

*I hereby authorize and request any school, police department, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application to serve as a volunteer including consumer report information that may include motor vehicle records. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written volunteer application, which I sign.*

*I have been given a copy of this form.*

Date:

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Print Name:

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Signature:

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Date of Birth *(for identification purposes only)*:

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SS# *(for identification purposes only)*:

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Name change/former name *(through marriage or otherwise)*:

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ARCHDIOCESE OF ATLANTA

## BACKGROUND INVESTIGATION CONSENT

The Roman Catholic Archdiocese of Atlanta certifies that all reports, whether oral or written, will be kept strictly confidential and, except as required by law, information will only be revealed to the applicant or a person whose duty requires him or her to participate in the decision for the transaction for which the report was ordered. The Archdiocese further certifies that the purpose of the investigation is very limited in scope and information received will be used for the sole purpose of making a determination regarding the qualifications of an individual to serve as a Clergy, Seminarian, Religious, Employee, Independent Contractor, and Volunteer.

I, \_\_\_\_\_, hereby authorize the Roman Catholic Archdiocese of Atlanta and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications as a Clergy, Seminarian, Religious, Employee, Independent Contractor, and Volunteer.

I release the Roman Catholic Archdiocese of Atlanta and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

***NOTE:*** Please provide the information as it appears on your Driver's License in order that the processing of your Motor Vehicle report may be expedited, or you may attach a copy of your driver's license. ***(Only For those whose position requires driving)***

Full Name Printed: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

***Please list all residence addresses for the past seven year. (Use a separate sheet if needed)***

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

\*Race: \_\_\_\_\_ \*Sex:  Male  Female

Date of Birth:(for identification purposes only) \_\_\_\_\_ SSN#:(For Identification purposes only) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: the above information is required for identification purposes only, and is in no manner used as qualifications for employment. The Roman Catholic Archdiocese of Atlanta is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.