

## Safeguarding All of God's Family Formation

*(Please Complete Information requested below. Thank you.)*

I have attended or plan on attending a Safeguarding All of God's Family safe environment training session. I understand that I must register for this session on-line at www.archmil.org. 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 \_\_\_\_\_  
*(Name of Parish) (Date)*

The following information is needed for St. Charles Parish to conduct the necessary background check. Please complete fully.

Name: \_\_\_\_\_  
*Last First Middle*

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Zip*

E-Mail Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number (required): \_\_\_\_\_

Please circle one of the following: School Volunteer Religious Ed Volunteer  
Athletic Volunteer Parish Volunteer

**What is your role at St. Charles Parish/School?**

*(example: 'Coach'; 'Catechist'; 'Reading Aide'; 'Field Trip Chaperone';  
Parent Volunteer', 'Nursery')*

Role: \_\_\_\_\_

*I grant permission for Saint Charles Catholic Parish, 313 Circle Drive, Hartland, WI 53029, to conduct a required background check upon myself. I understand that information obtained through this check will be held confidential by Saint Charles Parish, and will not be used for any purpose other than the Safeguarding All of God's Family training formation program. I also understand that this background check must be completed before I begin my employment/volunteer service at Saint Charles Parish.*

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

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