

Youth Protection Clearance Submission Information Sheet

Name: _____

Address: _____

Phone #: _____

Parish: _____

E-Mail Address: _____

Circle One: Parent Grandparent Sibling Other _____

Child (ren) Name (s) in which you are affiliated: _____

Organization (s) within the School or Parish for which you will be volunteering:

(e.g. PTO, Girl Scouts, RCIA, etc.)

Primary volunteer function: (e.g. coach, lunch server, classroom reader, etc.)

