

Safe Environment Compliance ADULTS



Last Name: _____ First Name: _____

Parish or School or Department: _____

I have contact with children in the following role(s):

- Clergy
- Religious
- Employee
- Volunteer

SIGNATURE

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. ADDITIONALLY, I HAVE SIGNED THE FOLLOWING SUPPORTING DOCUMENTS:

CHECK ALL THAT APPLY:

- Sexual Abuse Policy
- Completed Background Consent Form
- Employee/Volunteer Application
- Completed Background Report
- Code of Conduct
- Ministerial Standards

SIGNATURE: _____ DATE: _____

Please send a copy of this form to **(keep original in your files):**

Office of Child & Youth Protection
Archdiocese of Atlanta
680 W. Peachtree St., NW
Atlanta, GA 30308
Phone: 404-885-7459 Fax: 404-978-2778