

Volunteer Child Protection Requirements

Anyone wishing to volunteer or coach at St. Jude School must complete Child Protection paperwork in order to fulfill the requirements mandated by the United States Conference of Catholic Bishops and the Diocese of Baton Rouge.

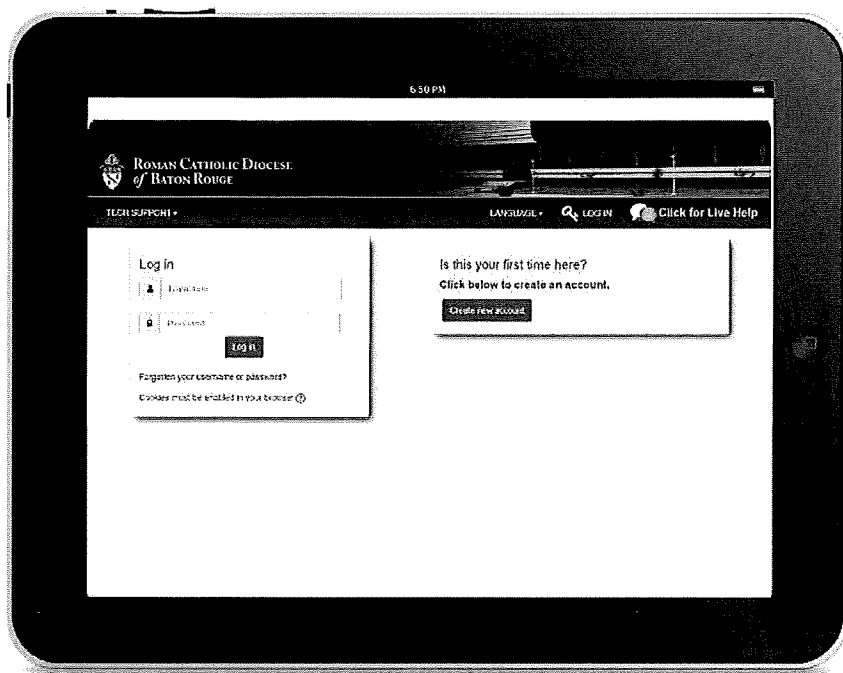
This includes:

1. Child Protection Volunteer Application
2. Code of Ethics
3. Safe Environment On-Line Training- "***Serving Vulnerable Populations***"-Instructions Included
4. Background Check – To complete the background check, you must bring the two background check forms to the LA State Police Bureau of Criminal Identification & Information located at 7919 Independence Blvd. where you will undergo a fingerprint and background check. LA State Police will send the background check directly to Lori Layman, the Child Protection Coordinator at St. Jude School.

Turn in all completed paperwork to Lori Layman at St. Jude School.

Questions? You may email me at llayman@stjudebr.org or call 769-2344.

Thank you in advance for your time!



SAFE ENVIRONMENT TRAINING INSTRUCTIONS

Step 1

Go to the safe environment training web site:

<https://diobr.safeenvironment.org>

Step 2

Click the **Create new account** button to register.

Step 3

Complete **ALL** information on the registration page.

Step 4

Click the **Create my new account** button to create your account.

Step 5

Click the **Continue** button to confirm your account and enter the training site.

PLEASE COMPLETE THE REQUIRED: SERVING VULNERABLE POPULATIONS.

Optional courses are also available.

TIPS

**TRAINING WORKS ON
COMPUTERS, TABLETS
AND SMARTPHONES**

**TRAINING WEBSITE
IS FOR ADULT LEARNERS
ONLY**

**ONE ACCOUNT
PER PERSON**

**TECH SUPPORT
AVAILABLE ONLINE**

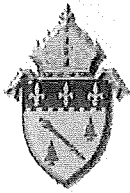
 **Click for Live Help**
(225) 455-1898

**CONTACT YOUR CHURCH
OR SCHOOL FOR
HELP WITH BACKGROUND
CHECKS**

**DIOCESE OF BATON
ROUGE**



Office of Child and
Youth Protection
1800 South
Acadian Thruway,
Baton Rouge,
LA 70808



Catholic Diocese of Baton Rouge Application For Volunteers

Please answer all questions and fill in all appropriate blanks. Items that have an asterisk (*) have to be answered in order for the application to be complete and a background check run.

Main Application

*Name: _____
First Middle Last Suffix

*Street Address: _____

*City/State/Zip: _____
City State Zip

*Civil Parish: _____

*Length at current address _____ Years _____ Months

*Home Phone: _____
Area Code Number

Work Phone: _____
Area Code Number

Cell Phone: _____
Area Code Number

Email Address: _____

Please specify your parish membership. If not a member, please leave blank:

*What position do you currently hold (or for which you are applying?)

*Residential History

_____ Check here if you have lived in your current residence for longer than 5 years. ***If checked, proceed to next section.***

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

References

*Reference Name (First/Last)	*Reference Complete Mailing Address (include city, state and zip)	*Daytime Phone (including area code)	Years Known	Agreed to be a reference? (Y/N)
Professional/Civic				
Personal				

Confidential Background Check Information

Please note: Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence.

* ☐ Yes ☐ No Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain (use back of application if needed):

Social Security Number: _____ - _____ - _____

Driver's License: State _____ Number _____

*Date of Birth: Month _____ Day _____ Year _____

*Gender: Male _____ Female _____

* ☐ Yes ☐ No Have you changed your last name in the past 5 years?

If yes, what was your previous last name? _____

* ☐ Yes ☐ No At any time during the past 5 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?

If yes, what state did you live in? _____

Name of Applicant (Please Print Clearly) _____

Date of Birth (mm/dd/yyyy) _____

Declarations

The Catholic Diocese of Baton Rouge appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read and initial each of the statements below.

- _____ * I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.
- _____ * I hereby authorize the Catholic Diocese of Baton Rouge to conduct a personal and professional background check for the purposes of my application at the Catholic Diocese of Baton Rouge. The Catholic Diocese of Baton Rouge may contact any references, past and current employers, church, youth organizations or agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the Catholic Diocese of Baton Rouge's contact with the individuals for purposes of employment or volunteer services.
- _____ * I also hereby give complete permission for the Catholic Diocese of Baton Rouge to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my employment or volunteer services.
- _____ * I understand that a criminal background check will be conducted prior to and during my service. I authorize investigations of all statements contained in the application.
- _____ * I agree to observe all of the Catholic Diocese of Baton Rouge guidelines and policies for the program in which I am applying.
- _____ * I understand that the Catholic Diocese of Baton Rouge has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the Catholic Diocese of Baton Rouge cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- _____ * I understand that I can withdraw from the application process at any time.
- _____ * I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform the Catholic Diocese of Baton Rouge of the contents of a sealed criminal record will result in the automatic denial of the application.
- _____ * I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by the Catholic Diocese of Baton Rouge. I have also read and understand the above stated information within this release and am signing below of my own free will.
- _____ * My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements.

*Applicant Signature _____ *Date: ____/____/____

Selected Sites

Please indicate the city and the name of the parishes/schools with which you would like this application to be registered. At least one should be entered.

*City Where Parish is Located	*Name of Parish/School

The Roman Catholic Church of the Diocese of Baton Rouge

Code of Ethics and Behavior for Adults who Minister with Minors and Vulnerable Adults in the Diocese of Baton Rouge (the "Code of Ethics and Behavior")

USCCB Charter for the Protection of Children and Young People:

Article 12. Dioceses/eparchies are to maintain "safe environment" programs which the diocesan/eparchial bishop deems to be in accord with Catholic moral principles. They are to be conducted cooperatively with parents, civil authorities, educators, and community organizations to provide education and training for children, youth, parents, ministers, educators, volunteers, and others about ways to make and maintain a safe environment for children and young people. Dioceses/eparchies are to make clear to clergy and all members of the community the standards of conduct for clergy and other persons in positions of trust with regard to children.

The Roman Catholic Church of the Diocese of Baton Rouge (the "Diocese of Baton Rouge" or "Diocese"):

1. All personnel who are deemed to be subject to the child and vulnerable adult protection policies of the Diocese shall adhere to the *Code of Ethics and Behavior* which they have agreed in writing to follow.
2. All personnel shall notify their pastor, principal or agency director immediately, orally and in writing, when they become aware that the *Code of Ethics and Behavior* has been violated.
3. The *Code of Ethics and Behavior* shall be published on the Diocese website and printed copies shall be made available upon request to the faithful at every parish, school and agency of the Diocese of Baton Rouge.

Code of Conduct for Interactions with Minors and Vulnerable Adults ("Code of Conduct"):

As an adult working with minors and vulnerable adults (each, a "Protected Individual" and collectively, "Protected Individuals"), I agree to strictly follow the provisions of this *Code of Conduct* as a condition of my providing services to Protected Individuals in the parish, school or Diocese where I worship, work or volunteer.

In my ministry interactions with Protected Individuals (face to face and via technology), I shall:

- Treat everyone with respect, patience, integrity, courtesy, dignity and consideration.
- Avoid situations that do not allow for public visibility and accessibility, where I am isolated with Protected Individuals (e.g., avoid developing outside *private* relationships with Protected Individuals and *initiating* private communications with Protected Individuals outside of approved ministry activities).
- Safeguard my use of technology so as to avoid private/isolated communications with Protected Individuals, the sharing of personal information regarding Protected Individuals, and the public identification of Protected Individuals that does not conform to the technology policies and procedures of my parish, school, or agency where I am in ministry with Protected Individuals.
- Follow all guidelines for communications with Protected Individuals set forth by the parish, school or diocesan agency for which I am working or volunteering.
- Refrain from giving or accepting expensive gifts to/from Protected Individuals or their parents without prior written approval from the pastor, principal, or agency director.
- Report suspected child and vulnerable adult abuse in accordance with Louisiana state law and *the Diocese of Baton Rouge Process for Reporting the Alleged Abuse of Protected Individuals* (the "Reporting Process") (copy attached).
- Cooperate fully in any investigation of abuse of Protected Individuals.
- Conduct myself in a manner that is consistent with the discipline, norms, and teachings of the Catholic Church.
- Provide a professional work environment that is free from harassment.

Code of Conduct:

As an adult working with Protected Individuals, I promise to strictly follow the provisions of the *Code of Conduct* as a condition of my providing services to Protected Individuals in the parish, school or Diocese where I worship, work or volunteer.

In my ministry interactions with Protected Individuals (face to face and via technology)

I shall not:

- Smoke, vape or use tobacco or vaping products in the presence of Protected Individuals.
 - Use, possess, or be under the influence of alcohol at any time while working with Protected Individuals.
 - Use, possess, or be under the influence of illegal drugs at any time.
 - Pose any health risk to Protected Individuals.
 - Strike, spank, shake, or slap Protected Individuals.
 - Humiliate, ridicule, threaten, or degrade Protected Individuals.
 - Use any discipline that frightens or humiliates a Protected Individual or a group of Protected Individuals.
 - Make any type of statement about a Protected Individual's body type, shape, build, or looks.
 - Make any type of statement that degrades or puts down in any way any other adult, minor or group of people, including without limitation any type of racial joke, slur or degrading comment about any race, person or group of people.
 - Touch a Protected Individual in a sexual or other inappropriate manner.
 - Plan or conduct any type of youth-oriented event in the name of the Diocese, other than those that are approved, planned, and conducted by my church and/or school ministry team.
 - Share with a Protected Individual anything about my own sexual history or any other past or present experience that crosses the boundary between public and private. (Catechists who are responsible for teaching Catholic sexual morality must be certified through the diocesan human sexuality course.)
 - Share a room (i.e., stay overnight in the same room) with a Protected Individual or group of Protected Individuals during any type of event.
 - Allow a Protected Individual or group of Protected Individuals to stay overnight in my own home unless due to a shared friendship between my child and another adult's child.
 - Take improper advantage of a counseling and/or authoritative relationship for my own benefit.
 - Manufacture, possess, or distribute child pornography.
 - View movies or other similar materials containing inappropriate content with or in the presence of Protected Individuals.
 - Listen to music that is degrading of any person or race, or of one's sexuality, with or in the presence of Protected Individuals.
 - Contribute to the delinquency of a Protected Individual as prohibited by Louisiana law.
 - Enter into any type of private communication with a Protected Individual that is not within the scope of my ministry, or any communication that would undermine the parent-child relationship, or serve to foster an inappropriate relationship with a Protected Individual.
 - Request confidentiality of one or more Protected Individuals.*
 - Promise confidentiality to one or more Protected Individuals.*
 - Abuse or neglect a minor or vulnerable adult as prohibited by Louisiana law.
- *See also "Communications and Confidentiality" section below.

Appropriate Physical Contact Allowed While Working with Protected Individuals

I understand that the following forms of physical contact are appropriate while working with Protected Individuals:

- Handshakes and "High Fives."
- Brief hugs (when initiated by a Protected Individual).
- Hand holding (during group prayer).
- Contact that is a component of an acceptable group activity (such as an icebreaker, group prayer service, or sporting activity).

Inappropriate Physical Contact Not Allowed While Working with Protected Individuals:

I understand that the following forms of physical contact are not allowed while working with Protected Individuals:

- Kissing or prolonged embraces involving a Protected Individual.
- Giving or receiving any type of massage involving a Protected Individual.
- Showering or bathing with a Protected Individual.
- Allowing a Protected Individual to sit on one's shoulders or lap.
- Fondling, petting, or any type of genital contact involving a Protected Individual.
- Leaning against a Protected Individual (when seated or standing).

Communications and Confidentiality with Protected Individuals in Ministry

Private communication with a Protected Individual is defined as any type or form of communication that takes place apart from an appropriate and approved ministry setting. Therefore, adults in ministry with Protected Individuals shall not enter into any type of private communication with a Protected Individual that is not within the scope of their ministry, or any communication that would undermine the parent-child relationship or serve to foster an inappropriate relationship with a Protected Individual.

Types of Communications (Verbal/Written) While Working with Protected Individuals:

It is normal for an adult in ministry to enter into a spontaneous conversation with a Protected Individual. However, adults shall consider that some issues, even if shared spontaneously in open conversation, must be brought to the attention of a Protected Individual's parents in the case of a minor, or guardian in the case of a Vulnerable Adult.

Adults in ministry with Protected Individuals shall follow all communications/technology guidelines and policies established by the parish, school or diocesan agency where they worship, work or volunteer.

Adults in ministry with Protected Individuals are obligated to read thoroughly any written communication that the adult receives from a Protected Individual. If it is appropriate to ask a Protected Individual to make journal entries as a part of the religious education process, then adults are also obligated to read and take seriously such entries and to respond to them in keeping with the standards stated in this *Code of Ethics and Behavior*, particularly if the information shared is that of the alleged abuse of that Protected Individual or if the information leads the adult to suspect that a Protected Individual is at risk of harming him or herself or others.

Confidentiality in ministry with Protected Individuals has an appropriate place. However, no communication between adults and the Protected Individuals to whom they minister is protected by privilege (i.e., such as that which exists between a priest and penitent in sacramental confession, a lawyer and client, or a doctor and patient.) Adults will, therefore, commit themselves to a specific standard regarding communications with Protected Individuals. In settings such as small groups during a retreat, an adult small group leader may encourage the group to keep what is shared in the group confidential, unless a member of the group shares information that leads the adult to suspect that a Protected Individual is at risk of harming him or herself or others. Such information shall not be kept confidential. In cases of alleged or suspected abuse, diocesan personnel shall follow the *Reporting Process*.

Diocesan Requirements/Certification to Work in Ministry with Protected Individuals

I understand and agree that I shall complete the following requirements prior to working in ministry with Protected Individuals:

- Obtain a Criminal Background Check (to comply with state and federal laws).
- Complete promulgated diocesan training on Recognizing and Reporting Abuse.
- Read, sign and submit the *Code of Ethics and Behavior* acknowledgment form.
- Complete the appropriate diocesan EAPPS application.

THE DIOCESE OF BATON ROUGE

Process for Reporting the Alleged Abuse of a Protected Individual

*When the
Accused is a:*

Priest, Deacon,
Religious Brother
or Sister, or
Seminarian

-
- Step 1: Mandated Reporter calls local Police or Sheriff's Department
 - Step 2: Mandated Reporter alerts Diocesan Victim Assistance Coordinator via the 24-Hour VAC Hotline
 - Step 3: Victim Assistance Coordinator alerts the appropriate Diocesan Chancery Official
-

Diocesan 24-Hour Victim
Assistance Hotline
(225) 242-0250

Diocesan Office of Child
and Youth Protection
(225) 242-0202

Employee of the
Diocese, Volunteer
in Ministry or
Other person

-
- Step 1: Mandated Reporter makes report to appropriate Civil Authority (Abuse of minor within the home: Call Department of Children and Family Services; Abuse of minor outside of the home: Call local Police or Sheriff's Department; Abuse of Vulnerable Adult: Call local Police or Sheriff's Department and appropriate Louisiana Vulnerable Adult Services)
 - Step 2: Mandated Reporter alerts his or her immediate supervisor
 - Step 3: Supervisor alerts appropriate Department Head and the Director, Office of Child and Youth Protection
 - Step 4: If abuse is sexual in nature, call the diocesan Victim Assistance Coordinator via the 24-Hour Victim Assistance Hotline when accused is a diocesan employee, volunteer or other person
-

Diocesan Office of
Human Resources
(225) 387-0561

Louisiana Department
of Children and Family
Services State-Wide
24-Hour Hotline
855-452-5437

Louisiana Adult
Protective Services
(for vulnerable adults
ages 18-59)
1-800-898-4910

Licensed
Daycare
Staff

-
- Step 1: Mandated Reporter makes report to Department of Children and Family Services
 - Step 2: Mandated Reporter alerts his or her immediate supervisor
 - Step 3: Supervisor alerts appropriate Department Head and the Director, Office of Child and Youth Protection
 - *Step 4: If abuse is sexual in nature, call the diocesan Victim Assistance Coordinator via the 24-Hour Victim Assistance Hotline
-

Louisiana Department of
Elderly Protective
Services
(for vulnerable adults
ages 60 and older)
1-833-577-6532

Acknowledgement of Receipt and Review of, and Agreement to Comply with, the Code of Ethics and Behavior, Including the Code of Conduct and the Reporting Process*

By signing where indicated below, I acknowledge that I have received, carefully read and fully understand the attached Code of Ethics and Behavior for Adults who Minister with Minors and Vulnerable Adults in the Diocese of Baton Rouge ("*Code of Ethics and Behavior*"), including the Code of Conduct for Interactions with Minors and Vulnerable Adults ("*Code of Conduct*") and the Process for Reporting the Alleged Abuse of a Protected Individual ("*Reporting Process*"), and agree to comply with them in all respects, and to conduct myself and fulfill my ministerial responsibilities according to all of their provisions.

I accept responsibility to carry out all of the provisions of the *Code of Ethics and Behavior*, including the *Code of Conduct* and the *Reporting Process*, and to refer any questions concerning them to my immediate supervisor or the Diocesan Child Protection Officer for further clarification. I understand that the Diocese of Baton Rouge reserves the right to change, modify, and/or revise any of the provisions contained in them at any time.

I acknowledge that the Diocese of Baton Rouge is relying upon my representations made herein and in the documents referenced above to allow me to minister to Protected Individuals as therein defined.

Diocesan Child Protection Officer:

Amy J. Cordon
P.O. Box 2028
Baton Rouge, LA 70821-2028
(225) 242-0202
childprotection@diobr.org

Employee/Volunteer Signature

Date Signed

PRINT Full Name of Employee/Volunteer

***This statement when signed and dated must be returned to the appointed Child Protection Site Coordinator and placed in the signatory's Child Protection file.**

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order

Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****

******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****

St. Jude the Apostle School

Michelle Gardiner

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY, AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

9150 Highland Road

Michelle Gardiner

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge

LA

70810 (225) 769-2344

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

mgardiner@stjudebr.org

llyman@stjudebr.org

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ BEHAVIOR ANALYST BOARD
- ☐ BOARD OF EXAMINERS (PSYCHOLOGIST)
- ☐ BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)
- ☐ BOARD OF NURSING HOME ADMINISTRATORS
- ☐ CASA
- ☐ COURT ORDER ADOPTION
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE / WORKING WITH CHILDREN
- ☐ DENTISTRY BOARD
- ☐ DEPT. OF AGRICULTURE AND FORESTRY
- ☐ DEPT. HEALTH AND HOSPITALS
- ☐ DEPT. OF INSURANCE - FRAUD DIVISION
- ☐ DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
- ☐ DCFS ABUSE/NEGLECT INVESTIGATION
- ☐ DCFS CARETAKER
- ☐ DCFS FOSTER/ADOPTIVE
- ☐ DCFS PERSONNEL
- ☐ DRUG AND DEVICE DISTRIBUTORS
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ FIRE MARSHAL
- ☐ GESTATIONAL CONTRACTS
- ☐ HEALTH CARE PROVIDER (Non Licensed)
- ☐ JUVENILE DETENTION CENTER
- ☐ LA BOARD CHIROPRACTIC EXAMINERS

- ☐ LA PHYSICAL THERAPY BOARD
- ☐ LA STATE BOARD SOCIAL WORK EXAMINERS
- ☐ LICENSED PROFESSIONAL COUNSELORS
- ☐ MEDICAL EXAMINERS
- ☐ OFFICE OF FINANCIAL INSTITUTIONS
- ☐ OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
- ☐ OMVE - EMPLOYEE ISSUING COMMERCIAL DL
- ☐ OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
- ☐ OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
- ☐ PHARMACY BOARD
- ☐ POST SECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☒ SCHOOL
- ☐ SUPREME COURT COMMITTEE BAR ADMISSION
- ☐ TAXI DRIVERS
- ☐ TESS WINDOW TINT
- ☐ VOLUNTEER LOUISIANA COMMISSION
- ☐ WILDLIFE AND FISHERIES
- ☐ WORKING WITH CHILDREN

APPLICANTS FULL NAME:

****PRINT - USE INK****

LAST

FIRST

MIDDLE

(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # _____ DATE OF BIRTH: __/__/__

ID or DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN and SID# FOR OFFICIAL USE ONLY

ATN _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

St. Jude the Apostle School
AGENCY, BUSINESS OR INDIVIDUAL NAME

9150 Highland Road
MAILING ADDRESS

Baton Rouge LA 70810
CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

**INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

NAME OF APPLICANT DATE OF BIRTH PLACE OF BIRTH RACE / SEX

(STATE)

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of
Louisiana's criminal history records database as is available at the time of request. This does not preclude
the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

☐ RAPSHEET ATTACHED

☐ RESPONSE BELOW