

(Faculty, Cont.)

Only paid professional staff need be named below, if not listed on the reverse.

	Grade	Teacher (* religion instructor)	Degree	State Certified	Rel. Cert. Level	# of Hours Weekly	Fingerprinted (Expiration Date)	Referen- ces ck'd (Date)	Safe Env't Training (Date)	Yrs. In Diocese
Art										
Counselor										
Library										
Music										
Nurse										
P.E.										
Other										

Do you have paid instructional Aides in school? Yes _____ No _____

If yes, please list below:

Name	Yrs. Completed In Diocese	Duties	Fingerprinted (Expiration Date)	References Checked (Date)	Safe Environment Training (Date)	Yrs. In Diocese

Paid Support Staff

	Name	Yrs. Completed in Diocese	Fingerprinted (Expiration Date)	References Checked (Date)	Safe Environment Training (Date)
Cafeteria					
Maintenance					
Secretarial					
Other					

Volunteers (Those who work 1 day or more/mo.)

Name	Duties	Fingerprinted (Expiration Date)	References Checked (Date)	Safe Environment Training (Date)	* "Access" (yes/no)

* Independent access to or influence over minors or vulnerable adults.

If more volunteers, please list on separate sheet of paper.

Person Responsible for Religious Education _____