



Group Leader and Adult Chaperone
Verification Form for the
Diocese of Venice

Charter for the Protection of Children and
Young People

As Bishop/Vicar General/Chancellor of the Diocese of **Venice**, I hereby notify Catholic Servant Ministries, Inc that each adult listed below has been background checked and cleared in accordance with the policies of the Diocese under the “Charter for the Protection of Children and Young People” as set forth by the United States Conference of Catholic Bishops. I understand that no adult will be permitted to attend as a volunteer or participate that has not been cleared by their home diocese and is listed on this declaration.

Parish/Group Name _____

Name
(Must Match Online Registration)

Group Leader/Chaperone

Date of Fingerprinting

Date of Training
(Completed by Diocesan Office ONLY)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

Number of Adults Verifying

(SEAL)

Signature of Bishop/
Vicar General/Chancellor

Date Verified and Signed

Name
(Must Match Online Registration)

Group Leader/Chaperone

Date of Fingerprinting
(Completed by Diocesan Office ONLY)

Date of Training

11) _____

12) _____

13) _____

14) _____

15) _____

16) _____

17) _____

18) _____

19) _____

20) _____

21) _____

22) _____

23) _____

24) _____

25) _____

26) _____

Number of Adults Verifying

(SEAL)

Signature of Bishop/
Vicar General/Chancellor

Date Verified and Signed

If your group requires more than 26 adults, please make copies of this form