

Bishop Chatard High School
Adult Chaperone: Community Service Day
Wednesday October 28th, 2009

NAME _____ MOBILE PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY PHONE #'S _____ OR _____

INSURANCE INFORMATION: (Fill out if transporting Bishop Chatard students):

Insurance Company: Policy Number:
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IMPORTANT NOTE: All adults transporting students for the Community Service Day on Wednesday, October 28th will be covered under the Insurance Policy/Policies of the Archdiocese of Indianapolis. However, in order to be covered, each adult has to show proof that they themselves are insured.

BACKGROUND CHECK: All adults transporting/chaperoning for the Bishop Chatard High School Community Service Day on Wednesday, October 28th must have a background check. If a background check has been completed in the past five (5) years within the Archdiocese of Indianapolis then a new background check is not required. If a background check is needed, fill out the [background check form](#) and return to the Campus Ministry Department.

VIRTUS (PROTECTING GOD’S CHILDREN) TRAINING: All adults transporting/chaperoning for the Bishop Chatard High School Community Service Day on Wednesday, October 28th must have completed the VIRTUS (Protecting God’s Children) Training. If an adult has been through the VIRTUS training in the Archdiocese of Indianapolis please fill out the information below. If an adult HAS NOT completed the VIRTUS training through the Archdiocese of Indianapolis, please visit the [Virtus Training website](#), select Indianapolis (Archdiocese) to find a time and location convenient for your schedule.

(If you HAVE completed the VIRTUS training in the Archdiocese of Indianapolis):

Location of training: _____

Date of training: _____

(If you HAVE NOT completed the VIRTUS training in the Archdiocese of Indianapolis):

Projected location of training: _____

Projected date of training: _____

Have you had a background check done in the last five years within the Archdiocese of Indianapolis? (Check One):

_____ No
 _____ Yes **Location:** _____ **Date:** _____

Office Use Only:

Background check completed:	_____ yes _____ no	Date: _____	Initials: _____
VIRTUS training completed:	_____ yes _____ no	Date: _____	Initials: _____
Insurance information:	_____ yes _____ no	Date: _____	Initials: _____