



DIOCESE OF
FORT WAYNE-SOUTH BEND
SAFE ENVIRONMENT PROGRAM

CHANGE OF PARISH/SCHOOL FORM

(sending parish/school completes top section of form)

NAME (OF PERSON TRANSFERRING)

ADDRESS

CITY

STATE

ZIP

PRIOR PARISH/SCHOOL WHERE EMPLOYEED/VOLUNTEERED

NATURE OF SERVICES AT PRIOR PARISH/SCHOOL

REASON FOR LEAVING

DATE OF DEPARTURE

DATE LAST PERFORMED SERVICES AT PRIOR PARISH/SCHOOL

DATE

SIGNATURE (BACKGROUND SCREENER)

(send this form and a copy of the applicant checklist to the new parish/school)

(receiving parish/school completes this section)

DATE OF CONTACT WITH PRIOR PARISH/SCHOOL

CONTACT NAME

Prior parish/school status and approval confirmed

Copy of prior applicant checklist received on: _____ (attached)
DATE

Transfer Approved Not Approved

DATE

SIGNATURE (BACKGROUND SCREENER)

(receiving parish/school now completes all rescreening of background checks and other safe environment requirements as needed on this person)