

Safe Environment Application Information For Live Scan Form

School / Parish _____

Application Type (Check One) Employee Volunteer

Personal Information

First Name: _____

Last Name: _____

Alias: _____

Home Phone #: _____ Cell Phone #: _____

Drivers License #: _____

SSN# _____

Date of Birth: _____

Students Last Name: _____

Physical Information

Height: _____

Hair Color: _____

Weight: _____

Eye Color: _____

Sex (Check One) Male Female

Home Address

Street: _____

City: _____

State: _____

Zip: _____

Place of Birth

Birth Place: _____

(Check one per line)

Does this person work with children? Yes No

Does this person work with money? Yes No

Does this person ever operate a vehicle? Yes No