

ADULT CHAPERONE COMPLIANCE FORM

Fr. Chester P. Smith National Black Catholic Men's Conference
October 10-13, 2024

This form ensures that an Adult Chaperone has been screened and trained according to the policies of his home diocese, pursuant to *The Charter for the Protection of Children and Young People*.

NAME: _____ BIRTH DATE: ____/____/____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME DIOCESE: _____

As an authorized representative of the (Arch) diocese of

_____ (name of diocese),

I, _____ (Diocesan Official/Safe Environment Coordinator name), hereby notify National Black Catholic Congress that the above-named applicant has received safe environment training, completed a background check, and been cleared in accordance with the policies of our Archdiocese 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 participant that has not been cleared by their home diocese and is not named on this declaration.

Signature of Diocesan Official/Safe Environment Coordinator

Date

For questions or concerns, please contact the National Black Catholic Men's Congress
www.bowmanfrancis.org