**DIOCESE OF GARY**

***“PROTECTNG GOD’S CHILDREN for ADULTS”***

**AUDIT REPORT FORM**

**2018/2019**

**Dear Local Safe Environment Coordinator,**

**Please complete this form in full with the contact information of all persons who are responsible for completing and submitting the *“Protecting God’s Children for Adults”* audit schedule information for the Diocese of Gary parishes and/or schools. This form should accompany the completed schedules when returned to Cheryl Grandys at the Pastoral Center.**

**-----Please Print-----**

**PARISH/SCHOOL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safe Environment Coordinator(s) Phone Number E-mail Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Per Schedule form, please include the number of persons being reported for your parish/school:**

**(Required)**

**Schedule A Clergy-Deacons Total Persons** \_\_\_\_\_\_\_

**Schedule B Paid Employees Total Persons** \_\_\_\_\_\_\_

**Schedule C Volunteers: Parish/RE Total Persons** \_\_\_\_\_\_\_

**Schedule C Volunteers: School *(if applicable)* Total Persons** \_\_\_\_\_\_\_

**Schedule D Principals/Teachers *(if applicable)* Total Persons** \_\_\_\_\_\_\_

**Schedule G Action Plan Total Persons** \_\_\_\_\_\_\_

***I authorize the safe environment information being submitted.***

**PASTOR NAME *(Required)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PASTOR SIGNATURE *(Required)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUE: Friday, June 7**