

**Safe Environment Application Information
For Live Scan Form**

School/Parish _____

Application Type (Check One) Employee _____ Volunteer _____

Personal Information

First Name: _____ Last Name: _____

Alias: _____

Drivers License #: _____ SSN#: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Student 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: _____