

Diocese of Covington Verification of Good Standing
Speaker/Minister Supervision Form

Speaker/Minister Information:

Full Name of Speaker/Minister:

Name of Diocese to which the speaker/minister belongs (if applicable):

Name and location of religious order to which the speaker/minister belongs (if applicable):

Name and address of business or organization of which the speaker/minister is a member as it relates to your event (if applicable):

Service the Speaker/Minister will provide in the Diocese of Covington:

Purpose of Service:

Date(s) of Service:

Place of Service:

Supervisor Information:

Names of the **two** individuals who will accompany and supervise the speaker/minister the entire time he/she is on Diocesan property and whenever he/she interacts with members, constituents, or other guests of the Diocese of Covington, its parishes, schools, institutions, or agencies:

Name: _____

Name: _____

I have confirmed that the named individuals are fully trained and current in the Diocese of Covington safe environment program and have a clear background check on file. Further, they understand and have agreed to fulfill the supervisory role described above.

Signature of Proper Authority or his/her Delegate (of the host parish/institution/organization):

_____ Date _____

Parish/Institution/Organization: _____

Phone Number: _____ Email: _____

No later than two weeks prior to the event, submit by mail, fax, or email to:

Chancellor...Diocese of Covington, 1125 Madison Ave., Covington, KY 41011
FAX: 859-392-1508 Email: chancery@covdio.org