



ROMAN CATHOLIC DIOCESE OF BURLINGTON

55 Joy Drive

South Burlington, Vermont 05403

(802) 658-6110

MEMORANDUM

TO: All Clergy, Principals and Parish Catechetical Leaders
FROM: Monsignor John McDermott, Deacon Phil Lawson, John Pfeifer, and David Young
DATE: September 1, 2022
RE: Important reminders for Planning and Executing Overnight and/or Off-site Youth Events

The attached policy and regulations are intended to update and replace the policies and regulations related to the planning and implementation of events involving youth as outlined in Section 2 of the Diocese of Burlington *Religious Education Policies and Guidelines for Catechetical Leaders*. This updated policy also includes revisions of safety enhancements for youth and adults alike who participate in youth events.

Thank you for all you do and for your work in bringing our young people to a greater love of Christ and His Church. There is great urgency in the work of evangelization among the youth of Vermont. As we move forward together, it is vital that we create the safest environment for our young people to discover the joy of faith in Jesus Christ. We hope that the following will encourage excellent youth ministry here in the Diocese of Burlington. If you have any questions or need anything clarified, please contact the Office of Safe Environments, the Office of Youth and Young Adult Ministry or the Office of Catholic Schools.

Sincerely in Christ,

Monsignor John McDermott
Vicar General

John Pfeifer
Manager, Office of Safe Environment Programs

Deacon Phil Lawson
Executive Director of Pastoral Ministries

David Young
Superintendent of Catholic Schools



TERMS & POLICIES FOR YOUTH OVERNIGHT AND/OR OFF-SITE EVENTS

Terms:

- Youth: any person under 18 years of age.
- Adult: any person 18 years of age or above.
- Event Leader: the adult in charge of fulfilling all obligations outlined in this policy.
- Chaperone: any person 21 years of age or above present at an event involving youth who has completed the appropriate background check and child safety training requirements.
 - High school chaperones are recommended to be age 23 or older due to the close proximity in age between 21 year olds and high school teens.

Policies:

1. All events must have the appropriate Pastor and/or Parish/School Administrator authorization prior to being shared with potential adult or youth participants.
 - a. Any events involving overnight participation must also be approved by the appropriate Diocesan Office:
 - i. Parish Events: Office of Youth and Young Adult Ministry or Office of Pastoral Ministries
 - ii. Schools: Office of Catholic Schools
 - b. For school field trips that do not involve an overnight component, the school should follow its standard operating procedures rather than this policy.
2. All events must have a clearly designated adult event leader who oversees all aspects of the event as outlined in the policy.

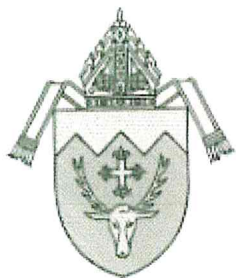
The Event Leader is responsible for:

- Overseeing paperwork, medical information and all communication pertaining to the event.
 - Completing and submitting, according to timeline, all required paperwork outlined in the appendices accompanying this policy.
 - Coordinating a meeting (which is advisable) with parents/guardians to discuss all aspects of the event including dismissal from an event due to discipline or behavioral problems.
 - As the primary educators of their children, parents/guardians should be encouraged to participate in events with their children if practicable given the event.
 - Having available all medical waiver information during the entire course of the event and should ensure that medications are properly administered.
 - Ensuring all signed paperwork pertaining to the event is filed at the respective parish or school and secured for a minimum of 7 years.
- Implementing all steps outlined on the Event Leader Checklist



- See Appendix A for overnight events
 - See Appendix B for off-site day events
 - When utilizing a facilitator who is coming from another diocese: at least three weeks prior to the event, the event leader must submit to the Office of the Vicar General/Chancellor the name of the facilitator along with his/her home diocese. This is to allow sufficient time to secure verification that this individual is in good standing with the Church.
 - Reporting any problems/concerns regarding the event to his/her pastor or principal.
3. Parents/guardians must provide explicit consent for their children's involvement in all Church and school activities/events.
- All parents/guardians must
- Sign a copy of the *Participant Expectations* (See Appendix M which the Event Leader may add to this as needed) and return it to the event leader.
 - Sign a copy of the *Youth Registration, Medical Release, and Permission Combined Form* (see Appendix G).
4. Events involving youth must have appropriate adults present as chaperones.
5. Sleeping/lodging arrangements must be made to separate adults and youth and two sexes.
- "Lock In" events where youth stay up through the night and often fall asleep on the floor together (co-ed), though not prohibited, are not recommended.
6. Youth and adults must be made aware of participant expectations and the consequences of a failure to follow the outlined expectations.
- Overnight events recommended for ages 8th grade and above. Exceptions allowed with the consent of the pastor and/or principal and the approval of the appropriate Diocesan office (Office of Pastoral Ministries for Parish Events/Office of Catholic Schools for school events).
 - As soon as possible, youth, their parents, and all participating adults must be made aware of the *Participant Expectations* for the event.
 - Participation is contingent upon youth and participating adults having a signed copy of the *Participant Expectations* on file with the Event Leader.
 - Event leader is responsible for facilitating the dismissal of youth or adults from the event if the *Participant Expectations* are violated.
7. Proper care must be taken to ensure the safe transportation to and from events.





ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office of Pastoral Ministries & Office of Catholic Schools

OVERNIGHT YOUTH EVENTS EVENT LEADER CHECKLIST

It is the Event Leader's responsibility to ensure that all items on the checklist are attended to by the appropriate party.

Prior to discussing the event with participants and utilizing Appendix C:

- _____ At least 5 weeks prior to the event, Event Leader submits the "Request for Approval – Youth Events" form to the pastor (for parish events) or principal (for school events).
- _____ At least 4 weeks prior to the event, Event Leader submits the "Request for Approval – Youth Events" form that has received initial approval by the pastor or principal to the appropriate Diocesan Office for final approval (Office of Pastoral Ministries for Parish Events/Office of Catholic Schools for school events).

AFTER FINAL APPROVAL HAS BEEN SECURED BY THE APPROPRIATE DIOCESAN OFFICE (OFFICE OF PASTORAL MINISTRIES FOR PARISH EVENTS/OFFICE OF CATHOLIC SCHOOLS FOR SCHOOL EVENTS), THE FOLLOWING TAKES PLACE:

Hosting Facility and Overnight Accommodations:

- _____ If the event is to occur over the weekend or during a Holy Day of Obligation, ensure arrangements are made for all participants to attend Mass
- _____ Ensure the hosting facility is confirmed for the dates you plan to be on site.
- _____ Obtain pastor (parish events) or principal (school events) signature on any contract regarding the event.
- _____ Contact the Diocesan Facilities Office to secure any proof of insurance required by the hosting facility
- _____ Ensure sleeping/bathing accommodations meet diocesan expectations:
 - It is highly recommended that when church confessionals are not available, the Sacrament of Reconciliation take place in a highly visible location.
 - Adults/youth and males/females do not share a room for sleeping or facilities for bathing unless the following conditions are met:
 - When a large, open space is used for housing/sleeping accommodations,
 - Adults sleep in a designated area not mixed with youth (e.g. sleeping bag right adjacent to a teen) unless it is a parent/guardian sharing a room or a bed with their own child.
 - Appropriate overnight chaperoning is to be ensured with one male and one female designated as points of contact/supervision.
 - Private changing rooms are provided and/or separate times are used for youth/adults and males/females
 - When bathing facilities are limited, separate times are provided for youth/adults and males/females to bathe
 - Use of communal showers is discouraged; however, if used, adults/youth and males/females are not permitted to use communal showers at the same time.
 - When a hotel or a retreat house is used, the following regulations must be followed:
 - A. Whenever possible avoiding both sexes in the same building.



- B. Every youth has his/her own bed or sleeping mat (e.g. 2 beds in a hotel room = 2 youth staying in that room).
- C. Chaperones check to ensure youth are in their rooms at the designated lights outtime.
- D. A designated adult provides late-night supervision to avoid misbehavior and attend to emergencies.

Communicating event to parents/guardians and participants:

_____ Develop the *Participant Expectations* document that clearly outlines what is expected of participants in order for the event to be successful and what steps will be taken should a participant not comply with these expectations.

- This form must be signed by the parents/guardians as well as participant before being allowed to attend the event.

_____ Provide parents/guardians of youths who will be participating a document that clearly outlines the following:

- Overview of the event including its purpose and how it connects to/flows from the catechetical/educational goals and objectives of the parish/school.
- Identify the Event Leader and provide explanation of qualifications, if not already known to the community, along with contact information.
- Date/Time/Location for the meeting during which the details of the event will be discussed with parents/guardians, participants, and chaperones

_____ At the meeting, parents/guardians, participants, and chaperones are provided the following:

- Event Details:
 - Where you are going and why this facility was chosen (what makes it the best location for your event)
 - Transportation of participants (commercial carrier, private vehicle, etc.)
 - Chaperones:
 - Participant to chaperone ratio
 - 1:6 recommended but 1:8 allowable
 - Must have proportionate number of male and female chaperones to the number of male and female participants
 - Any event involving both sexes must have a minimum of 2 males and 2 females
 - No overnight event can be chaperoned by only related individuals (including husband and wife)
 - What training chaperones will receive (at minimum the training required by the Office of Safe Environments)
 - Why they were selected
 - If chaperones have been identified, provide a list.
 - If chaperones have not been identified, explain process for requesting to be and approval of a chaperone.
 - Schedule of events/activities
 - Description of the facility that is being used:
 - Location
 - Qualification of onsite staff who will be helping facilitate the event
 - Sleeping accommodations
 - Bathing facilities
 - Food service
 - Medical care



- Forms:
 - Permission form that parents/guardians must sign giving permission for their minor to participate in the event (see Appendix G)
 - Check with the facility you are traveling to as they may have an additional permission form that is required.
 - Participant Expectations document:
 - Explain consequences if expectations are not met/honored.
 - Medical waiver including medication authorization form for any participant that will need medication administered while participating in the event (see Appendix G)
 - Explanation of how medications should be provided to the event leader:
 - In the original container.
 - If a prescription medication, physician authorization (pharmacy label suffices).
 - Dosage and frequency (if prescription, pharmacy label suffices if it contains this information).
 - Any known side-effects and protocols to follow should this occur.
 - Explanation as to who will be administering medications and how medications will be stored/secured.

Preparing chaperones for the event:

_____ Develop chaperone expectations and include a signature line for chaperones to verify that they have received and agree to abide by the expectations. This should include but is not limited to:

- Two adults present at all times except when transporting participants, however, if two adults are not present at least two participants must be present in the vehicle.
- Role of chaperones for this particular event.
- How to report concerns, accidents, etc.
- Procedures for medication administration, handling illness/injury, etc.
- Review participant medical and permission forms and be aware of specific needs for each participant (i.e. is this a participants first time to stay overnight away from home, daily medication needs, etc.).
- Role during arrival and departure of participants.
- Ensuring any social gathering outside of event activities (i.e. during down time) must take place in a common gathering area and never in a private room.

_____ Ensure all are in compliance with Diocesan Office of Safe Environment Programs requirements: If the Event Leader does not have access to this information, then the Event Leader is responsible for verifying this information with the parish/school safe environment coordinator and/or with the Diocesan Office of Safe Environment Programs (parish events)/Office of Catholic Schools (school events)

- If any are not in compliance, implement procedures to secure full compliance prior to submitting your list of chaperones to the appropriate diocesan office (see Appendix D).

_____ Forms:

- *Adult Medical Waiver, Liability & Photo Release Agreement* (see Appendix H).
- Copy of medical and emergency contact information for all participants for whom the chaperone is directly responsible.



Transportation:

_____ If it is reasonably possible, transportation should be commercially provided by licensed and bonded carriers. Carriers must submit evidence of insurance.

_____ When it is not reasonably possible to provide commercial transportation, drivers of private vehicles must:

- Be at least 23 years of age.
- Provide proof of valid insurance and vehicle registration by completing and submitting a signed copy of the *Driver Information Sheet* (see Appendix I).
 - Filing of the Driver Information Sheet is required for each event in which one would transport youth in a private vehicle.
- Be trained in the program approved by the Diocesan Office of Safe Environment Programs or have another adult in the vehicle who is trained.
- Abide by all traffic laws.

_____ Regardless of commercial, private, or rented vehicle, the following must be adhered to:

- Use of self-contained recreational vehicles is prohibited.
- 15 passenger vans are not allowed.
- No more than 12 youth are allowed in any vehicle other than a commercially licensed bus/vehicle.
- If available, every occupant must wear a seatbelt at all times.
- In every vehicle there must be a minimum of 2 adults with youth or a minimum of 2 youths with 1 adult.
- Nothing in these regulations should be used to contradict the regulations of the insurer with regard to safety and mitigation of potential liability as concerns transportation of minors.
- Minors should never be transported without written, signed permission of the parent/guardian.
- No unauthorized or unnecessary stops
- At all times adults must conduct themselves in line with the expectations of the Diocesan Office of Safe Environment Programs (see Appendix J).

At least two weeks before the event, the following must be submitted to the appropriate diocesan office:

Office of Pastoral Ministries for Parish Events/Office of Catholic Schools for School Events

_____ Adult Chaperone Roster (see Appendix D)

_____ Youth Roster (see Appendix E)

_____ Roster of Adult Participants who are not Chaperones (see Appendix F)

The following paperwork must be kept on file at the parish/school for a minimum of 7 years:

_____ Request for Approval (see Appendix C)

_____ Adult Chaperone Roster (see Appendix D)

_____ Youth Roster (see Appendix E)

_____ Roster of Adult Participants who are not Chaperones (see Appendix F)

_____ All signed Youth Registration, Medical Release, and Permission Combined Form (see Appendix G)

_____ All signed Adult Medical Waiver, Liability & Photo Release Agreement (see Appendix H)

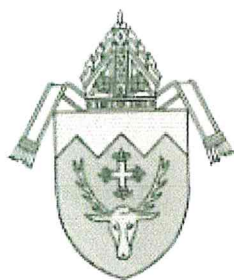
_____ All signed Driver Information Sheet (see Appendix I)

_____ All signed Adult and Participant Codes of Conduct

- Adult Code of Conduct: utilize Appendix K or Appendix L
- Participant Code of Conduct: utilize Appendix M which the Event Leader may add to as needed

_____ Any signed contracts/agreements with vendors (i.e. hosting facility, transportation provider, food service company, etc.)





ROMAN CATHOLIC DIOCESE OF BURLINGTON
Office of Pastoral Ministries

ONE DAY/OFF SITE PARISH YOUTH EVENTS EVENT LEADER CHECKLIST

It is the Event Leader's responsibility to ensure that all items on the checklist are attended to by the appropriate party.

Prior to discussing the event with participants and utilizing Appendix C:

_____ At least 5 weeks prior to the event, Event Leader submits the "Request for Approval – Youth Events" form to the pastor.

AFTER FINAL APPROVAL HAS BEEN SECURED BY THE PASTOR, THE FOLLOWING TAKES PLACE:

Hosting Facility:

- _____ If the event is to occur on a Sunday or Holy Day of Obligation, ensure arrangements are made for all participants to attend Mass
- _____ Ensure the hosting facility is confirmed for the dates you plan to be on site.
- _____ Obtain pastor signature on any contract regarding the event.
- _____ Contact the Diocesan Facilities Office to secure any proof of insurance required by the hosting facility

Communicating event to parents/guardians and participants:

- _____ Develop the *Participant Expectations* document that clearly outlines what is expected of participants in order for the event to be successful and what steps will be taken should a participant not comply with these expectations.
 - This form must be signed by the parents/guardians as well as participant before being allowed to attend the event.
- _____ Provide parents/guardians of youths who will be participating a document that clearly outlines the following:
 - Overview of the event including its purpose and how it connects to/flows from the catechetical goals and objectives of the parish.
 - Identify the Event Leader and provide explanation of qualifications, if not already known to the community, along with contact information.
 - Date/Time/Location for the meeting during which the details of the event will be discussed with parents/guardians, participants, and chaperones
- _____ At the meeting, parents/guardians, participants, and chaperones are provided the following:
 - Event Details:
 - Where you are going and why this facility was chosen (what makes it the best location for your event)
 - Transportation of participants (commercial carrier, private vehicle, etc.)
 - Chaperones:
 - Participant to chaperone ratio
 - 1:6 recommended but 1:8 allowable
 - Must have proportionate number of male and female chaperones to the number of male and female participants



- Any event involving both sexes must have a minimum of 2 males and 2 females
- What training chaperones will receive (at minimum the training required by the Diocesan Office of Safe Environment Programs)
- Why they were selected
 - If chaperones have been identified, provide a list.
 - If chaperones have not been identified, explain process for requesting to be and approval of a chaperone.
- Schedule of events/activities
- Description of the facility that is being used:
 - Location
 - Qualification of onsite staff who will be helping facilitate the event
 - Food service
 - Medical care
- Forms:
 - Permission form that parents/guardians must sign giving permission for their minor to participate in the event (see Appendix G)
 - Check with the facility you are traveling to as they may have an additional permission form that is required.
 - Participant Expectations document:
 - Explain consequences if expectations are not met/honored.
 - Medical waiver including medication authorization form for any participant that will need medication administered while participating in the event (see Appendix G)
 - Explanation of how medications should be provided to the event leader:
 - In the original container.
 - If a prescription medication, physician authorization (pharmacy label suffices).
 - Dosage and frequency (if prescription, pharmacy label suffices if it contains this information).
 - Any known side-effects and protocols to follow should this occur.
 - Explanation as to who will be administering medications and how medications will be stored/secured.

Preparing chaperones for the event:

_____ Develop chaperone expectations and include a signature line for chaperones to verify that they have received and agree to abide by the expectations. This should include but is not limited to:

- Two adults present at all times except when transporting participants, however, if two adults are not present at least two participants must be present in the vehicle.
- Role of chaperones for this particular event.
- How to report concerns, accidents, etc.
- Procedures for medication administration, handling illness/injury, etc.
- Review participant medical and permission forms and be aware of specific needs for each participant (i.e. is this a participants first time to stay overnight away from home, daily medication needs, etc.).
- Role during arrival and departure of participants.

_____ Ensure all are in compliance with Diocesan Office of Safe Environment Programs requirements: If the Event Leader does not have access to this information, then the Event Leader is responsible for verifying this information with the parish's safe environments coordinator and/or with the Diocesan Office of Safe Environments



- If any are not in compliance, implement procedures to secure full compliance prior to submitting your list of chaperones to the Diocesan Office of Pastoral Ministries (see Appendix D).

_____ Forms:

- *Adult Medical Waiver, Liability & Photo Release Agreement* (see Appendix H).
- Copy of medical and emergency contact information for all participants for whom the chaperone is directly responsible.

Transportation:

_____ If it is reasonably possible, transportation should be commercially provided by licensed and bonded carriers. Carriers must submit evidence of insurance.

_____ When it is not reasonably possible to provide commercial transportation, drivers of private vehicles must:

- Be at least 23 years of age.
- Provide proof of valid insurance and vehicle registration by completing and submitting a signed copy of the *Driver Information Sheet* (see Appendix I).
 - Filing of the Driver Information Sheet is required for each event in which one would transport youth in a private vehicle.
- Be trained in the program approved by the Diocesan Office of Safe Environment Programs or have another adult in the vehicle who is trained.
- Abide by all traffic laws.

_____ Regardless of commercial, private, or rented vehicle, the following must be adhered to:

- Use of self-contained recreational vehicles is prohibited.
- 15 passenger vans are not allowed.
- No more than 12 youth are allowed in any vehicle other than a commercially licensed bus/vehicle.
- If available, every occupant must wear a seatbelt at all times.
- In every vehicle there must be a minimum of 2 adults with youth or a minimum of 2 youths with 1 adult.
- Nothing in these regulations should be used to contradict the regulations of the insurer with regard to safety and mitigation of potential liability as concerns transportation of minors.
- Minors should never be transported without written, signed permission of the parent/guardian.
- No unauthorized or unnecessary stops
- At all times adults must conduct themselves in line with the expectations of the Office of Safe Environments.

At least two weeks before the event, the following must be submitted to the Diocesan Office of Pastoral Ministries

_____ Adult Chaperone Roster (see Appendix D)

_____ Youth Roster (see Appendix E)

_____ Roster of Adult Participants who are not Chaperones (see Appendix F)

The following paperwork must be kept on file at the parish for a minimum of 7 years:

_____ Request for Approval (see Appendix C)

_____ Adult Chaperone Roster (see Appendix D)

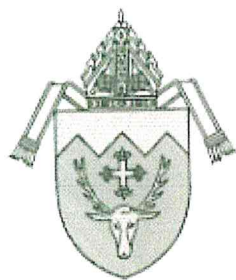
_____ Youth Roster (see Appendix E)

_____ Roster of Adult Participants who are not Chaperones (see Appendix F)



- _____ All signed Youth Registration, Medical Release, and Permission Combined Form (see Appendix G)
- _____ All signed Adult Medical Waiver, Liability & Photo Release Agreement (see Appendix H)
- _____ All signed Driver Information Sheet (see Appendix I)
- _____ All signed Adult and Participant Codes of Conduct
 - Adult Code of Conduct: utilize Appendix K or Appendix L
 - Participant Code of Conduct: utilize Appendix M which the Event Leader may add to as needed
- _____ Any signed contracts/agreements with vendors (i.e. hosting facility, transportation provider, food service company, etc.)





ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office of Pastoral Ministries & Office of Catholic Schools

REQUEST FOR APPROVAL: OVERNIGHT YOUTH EVENTS

This form must be submitted as far in advance as possible to the appropriate person. For parish religious education events, this form must be submitted to the Pastor and Director of Catechetical Ministry. For parish youth ministry events, this form must be submitted to the Pastor and Executive Director of Pastoral Ministries. For schools, this form must be submitted to the Pastor and the Superintendent of Schools.

Name of sponsoring parish/school: _____

Name of contact person: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip Code: _____

Type of activity/activities: _____

Dates: _____ Place: _____

What is the purpose of the event? _____

What is occurring at the event when the group will be there? _____

Is this an overnight event? ☐ YES ☐ NO If "YES", what type of sleeping accommodations will be used? _____

Will you ensure an appropriate adult to child/participant ratio? ☐ YES ☐ NO

Will you ensure all adults/chaperones are trained AND background screened? ☐ YES ☐ NO

(All parent/chaperone participants are required to complete safe environment training and background screening).

What type of transportation will be used? _____

What type of training/preparation will be done in advance? _____

Initial approval for the event must be given by the pastor (parish events) or the principals (school events).

Signature of Pastor or Principal _____

Date: _____

For Diocesan Use: Final approval by Vicar General, Executive Director of Pastoral Ministries, or Superintendent of Schools

Signature of Diocesan Staff member giving final approval _____

Date: _____





ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office of Pastoral Ministries & Office of Catholic Schools

REQUEST FOR APPROVAL: OFF-SITE YOUTH EVENTS

This form must be submitted as far in advance as possible to the appropriate person. For parish religious education events, this form must be submitted to the Pastor and Director of Catechetical Ministry. For parish youth ministry events, this form must be submitted to the Pastor and Executive Director of Pastoral Ministries. For schools, this form must be submitted to the Pastor and the Superintendent of Schools.

Name of sponsoring parish/school: _____

Name of contact person: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip Code: _____

Type of activity/activities: _____

Dates: _____ Place: _____

What is the purpose of the event? _____

What is occurring at the event when the group will be there? _____

Will you ensure an appropriate adult to child/participant ratio? ☐ YES ☐ NO

Will you ensure all adults/chaperones are trained AND background screened? ☐ YES ☐ NO

(All parent/chaperone participants are required to complete safe environment training and background screening).

What type of transportation will be used? _____

What type of training/preparation will be done in advance? _____

Approval for the event must be given by the pastor (parish events) or the principals (school events).

Signature of Pastor or Principal _____

Date: _____





ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office of Pastoral Ministries & Office of Catholic Schools

ADULT CHAPERONE ROSTER

Event Name: _____

Start Date / End Date: _____ / _____

Parish/School: _____ City: _____

Leader's Name: _____ Leader's Phone: _____

Leader's Position: _____ Leader's Email: _____

First Name	Last Name	Background/ Reference Check (Date Completed)	VIRTUS Training/Code of Conduct (Date Completed)	Participant Expectations (Date Signed)	Adult Medical Wavier, Liability & Photo Release Agreement (Date Signed)	Initials
Required Alternates:						

I certify that based upon a review of our records, all of the adults listed above have completed and satisfied the Diocese of Burlington's adult safe environment procedures shown above, as required by the Office of Safe Environment Programs, in compliance with the *Charter for the Protection of Children and Young People*. We maintain sufficient documentation to show the completion of these procedures for each adult listed; and to the best of our knowledge, after reasonable inquiry, there is nothing in the background of any adult listed above which would disqualify the person from engaging in volunteer activities which would include minor children.

Pastor or Administrator Signature: _____ Date: _____

For overnight events, this form should be submitted to the appropriate diocesan office (see office contacts below)

Questions? Contact the Office of Pastoral Ministries: 802-658-6110 ext. 1453 or the Office of Catholic Schools, ext. 1200



YOUTH ROSTER

Start Date / End Date: _____/_____

Leader's Position: _____ Leader's Email: _____

[illegible]

Appendix F

[illegible]

I certify that based upon a review of our records, all of the youth listed above have completed and satisfied the Diocese of Burlington's youth safe environment procedures shown above, as required by the Office of Safe Environment Programs , in compliance with the *Charter for the Protection of Children and Young People*. We maintain sufficient documentation to show the completion of these procedures for each youth listed.

Pastor or Administrator Signature: _____ Date: _____

For overnight events, this form should be submitted to the appropriate diocesan office (see office contacts below)

Questions? Contact the Office of Pastoral Ministries: 802-658-6110 ext. 1453 or the Office of Catholic Schools, ext. 1200





ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office of Pastoral Ministries & Office of Catholic Schools

ROSTER OF ADULT PARTICIPANTS WHO ARE NOT CHAPERONES

Event Name: _____

Start Date / End Date: _____ / _____

Parish/School: _____

City: _____

Leader's Name: _____

Leader's Phone: _____

Leader's Position: _____

Leader's Email: _____

First Name	Last Name	Participant Expectations (Date Signed)	Adult Medical Wavier, Liability & Photo Release Agreement (Date Signed)	Initials

I certify that based upon a review of our records, all of the adults listed above have completed and satisfied the Diocese of Burlington's adult safe environment procedures shown above, as required by the Office of Safe Environment Programs, in compliance with the *Charter for the Protection of Children and Young People*. We maintain sufficient documentation to show the completion of these procedures for each adult listed; and to the best of our knowledge, after reasonable inquiry, there is nothing in the background of any adult listed above which would disqualify the person from engaging in volunteer activities which would include minor children.

Pastor or Administrator Signature: _____ Date: _____

For overnight events, this form should be submitted to the appropriate diocesan office (see office contacts below)

Questions? Contact the Office of Pastoral Ministries: 802-658-6110 ext. 1453 or the Office of Catholic Schools, ext. 1200





ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office of Pastoral Ministries

55 Joy Drive, South Burlington, Vermont 05403
(802) 658-6110

YOUTH REGISTRATION, MEDICAL RELEASE AND PERMISSION COMBINED FORM

Event Name: _____

(Please print or type all information, except signatures)

I. Youth Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City, State, Zip: _____ Home Phone: _____

Date of birth: _____ Age: _____ Grade: _____

T- Shirt Size: S M L XL X Student Email address: _____

Parish trust/School (group you are registered with): _____

Mother/Guardian: _____ Father/Guardian: _____

Mother/Guardian Cell: _____ Father/Guardian Cell: _____

Parent Email Address(es): _____

Additional Emergency Phone numbers (please identify as work, cell, pager, etc.): _____

Circle ALL that apply: Male Female Mobility Impaired Wheelchair Access
Hearing Impaired/Interpretation Needed Visually Impaired (more than wearing glasses)
*Please note: All areas utilized are not ADA accessible. Contact your Event Leader for special arrangements.

II. Parental Agreement

I, the parent/guardian of _____, who is less than eighteen years of age, grant permission for my daughter/son to participate in _____. By allowing my child to participate in the said program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Diocese of Burlington, and _____ parish trust/school, and the agents, associates, and employees of the Diocese of Burlington and parish trust/school who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

I am aware of the particulars of the said program including the times, costs, and adults chaperoning and/or transporting my child for the program and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by the rules and all regulations of the program including in regards alcoholic beverages, drugs, and weapons. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the program and I will need to arrange for his/her immediate transportation home at my expense.

I grant to the Diocese of Burlington, its directors, officers, employees, staff members, faculty, representatives, volunteers and agents the right to take photographs of my son or daughter and their property in connection with the event named below. I authorize the Diocese of Burlington, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I hereby authorize that the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of my son or daughter in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claim associated therewith in connection the event.

Parent/Guardian Signature: _____ Date: _____

III. Medical Information

(Please read all the options below, then check and sign only those that are in accordance with your wishes.)

In the event of an emergency, I hereby grant permission to transport my son/daughter and obtain emergency medical or surgical treatment(s) from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to the parish trust or school group leaders(s) named here



_____. I wish to be advised prior to further treatment by the hospital in the event that I cannot be reached, please contact:
 Emergency Contact _____ at _____ Relationship to youth: _____
 Family physician: _____ Physician Phone Number: _____

(Please check one of the following)

- ☐ My son/daughter is covered by hospitalization and medical insurance under policy # _____ issued by _____.
- ☐ My son/daughter does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

If My son/daughter is taking medications at present, He/she will bring all necessary medications and such medications will be well labeled. The names of, and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

Medication: _____ Dosage: _____
 Medication: _____ Dosage: _____

(Please check one of the following)

- ☐ No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.
- ☐ I hereby grant permission for nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone.

I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.): _____

I would like to have a member of the program staff speak with me further regarding a medical concern or situation. Please contact me at: _____

Parent/Guardian Signature: _____

Date: _____

IV. Student Participant Expectations (for anyone under age 18)

As a participant of this event, I agree to:

- Represent the Catholic Christian community through my language, dress, and behavior at all times. I will respect the rights and property of others. I will respect and follow the directions of all chaperones, staff, and adult leaders, even if these leaders are not from my parish. During Mass, and upon entering a sacred space I will remove my hat, refrain from eating, drinking, and having private discussions during Mass. I will dress modestly and avoid wearing anything with inappropriate images or wording.
- Participate in all planned activities, group sessions, and projects, and always stay with my assigned group.
- Any electronic devices such as cell phones should be brought at my own risk, and may only be used during approved times. If I am asked to put my cell phone away, by any staff or chaperone, I agree to abide by those requests quickly and without argument.
- In the event of an overnight trip or event. I agree to respect the privacy of my fellow participants and not go into any other sleeping quarters (guys or girls) that are not assigned to me. I will adhere to the stated curfew of this trip.
- The possession of tobacco products, alcoholic beverages, illegal substances, and weapons is absolutely forbidden, regardless of the age of the participants (including the adults). I will not possess any alcohol, marijuana, non-prescription drugs, electronic cigarettes, JUUL devices, fireworks, weapons or knives (including pocket knives).
- I will treat everyone participating in this event with respect. I will refrain from inappropriate touching and verbal harassment. I will not engage in any form of sexual activities or sexual harassment. I will not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation or isolation).
- In the event of an emergency, I will reach out to my assigned chaperone for help and assistance.

I have read, understand and agree to follow the expectations outlined above. I will also encourage other group members to live by these rules. We need your support and cooperation to help enforce these expectations. I understand that if I fail to live up to these expectations, I may be immediately removed from this event. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home at their expense.

Participant Name: _____

Participant Signature: _____

Custodial Parent Name: _____

Custodial Parent Signature: _____



Office of Pastoral Ministries & Office of Catholic Schools

I, _____, choose to attend the _____ located at _____.

(Print Name of Adult) (Event Name)

_____ in _____ on _____, and I agree to
(Location of Event) (City/Town and State) (Dates)

assume all responsibility associated with this event. I hereby authorize to the Parish trust/Catholic School of

(Name of Parish trust/Catholic School AND City/Town)

and the Diocese of Burlington, its directors, officers, employees, staff members, faculty, representatives, volunteers and agents my permission to seek emergency medical attention for myself if, in their judgment, such attention is warranted and I am not immediately available to grant such permission. I agree to be in all ways responsible for any and all expenses associated with any and all medical care furnished to me.

The Diocese of Burlington has sufficiently explained the nature, extent, and requirements of this event and I am aware of and accept the associated risks of participation in this event. I agree to release and hold the Parish trust/Catholic School and the Diocese of Burlington and their directors, officers, employees, staff members, faculty, representatives, volunteers and agents forever harmless and indemnified against and from any and all claims or right of action for damages which I may acquire either before or after I have reached majority, including but not limited to all bodily injuries and property damages, and including any legal fees in defending such a claim, resulting from, arising out of, or during, or in any way connected with this event. I also agree to release and hold the Parish trust/Catholic School and the Diocese of Burlington and their directors, officers, employees, staff members, faculty, representatives, volunteers and agents forever harmless and indemnified against and from any and all claims or right of action for damages which I have or hereafter may acquire either before or after I have reached the majority, including but not limited to all bodily injuries and property damages, and including any legal fees in defending such claim, resulting from, arising out of, or during, or in any way connected with this event.

(Signature of Adult)

(Date)

Emergency Contact Name & Telephone Number(s) where Contact Person can be reached during the event:

Name: _____ **Relationship:** _____

(1) () _____; (2) () _____;

Are you currently taking any **prescription/ over the counter** medication? ___ NO ___ YES If yes, please list the medication(s) and their dosages below. Please use the back of this form for additional information.

Medication: _____ Dosage: _____

Do you have any allergies to food and/or medications? ☐ **NO** ☐ **YES** If yes, please list & explain (use back of form if more space needed)



Participant's Primary Care Physician: _____ Physician Phone: _____

Participant's Medical Insurance Company: _____

Policy #: _____

PHOTO RELEASE INFORMATION:

I grant to the Diocese of Burlington, its directors, officers, employees, staff members, faculty, representatives, volunteers and agents the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Diocese of Burlington, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I hereby authorize that the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of myself in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claim associated therewith in connection the _____.

(Event Name)

I have read, understand and agree to the above photo release statement. ____ **NO** ____ **YES**

Print Name: _____

Signature: _____ **Date:** _____





ROMAN CATHOLIC DIOCESE OF BURLINGTON
Office of Pastoral Ministries & Office of Catholic Schools

DRIVER INFORMATION SHEET

DRIVER:

Name: _____ Date of Birth: _____

(Exactly as listed on driver's license)

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Driver's License Number: _____

State issuing driver's license: _____ Date of Expiration: _____

INCLUDE A COPY OF YOUR DRIVERS LICENSE

VEHICLE THAT WILL BE USED:

Name of Owner: _____ Address: _____

Year of Vehicle: _____ Make of Vehicle: _____ Model: _____

License Plate Number: _____ Date of Expiration: _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION:

When using a privately-owned vehicle, the insurance coverage is the insurance policy covering that specific vehicle.

INCLUDE A COPY OF YOUR PROOF OF INSURANCE AND POLICY DECLARATIONS PAGE

Insurance Company: _____ Policy Number: _____

Date of Policy Expiration: _____ Liability Limits on Policy*: _____

*Note: The minimal acceptable liability limit for privately owned vehicles is 100,000/\$300,000/\$100,000 combined single limit is acceptable. It is preferred that a \$500,000 combined single limit of liability for bodily injury and property damage be maintained.

CERTIFICATION:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 23 years of age or older, possess a valid driver's license, and have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport youth. *Note, you likely must be at least 25 to drive a rental vehicle.*

(Signature)

(Date)

This form scanned and emailed to event leader at least a week prior to the event or driver may not be authorized to drive.





Volunteer's Code of Conduct

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our *[parish, school, facility, diocese, etc.]*.

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and *[the local Child Protection Services agency]*. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

Volunteer's Printed Name

Volunteer's Signature

Date

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Diocese of Burlington
Code of Conduct for Administrators, Staff and Volunteers Working With Minors

Adults who work with minors (anyone under the age of 18) through the Diocese of Burlington or any of its parishes or schools have the legal, moral, and religious responsibility to perform their duties in a way that educates and assists - and does not harm - the minors with whom they work. In keeping with that obligation, the Diocese of Burlington establishes the following Code of Conduct for all who minister to minors in the parishes of the Diocese, teach minors in the schools of the Diocese, coach minors on sports teams connected with the Diocese or any of its parishes or schools or in any other way work with minors through the Diocese of Burlington.

As one of the teachers, coaches, ministers, employees and/or volunteers who work with minors in or through the Diocese of Burlington, I solemnly pledge that:

- 1) I will, to the best of my ability, perform my work in a manner consistent with the mission of the Catholic Church and the Diocese of Burlington;
- 2) I will always remember that I am not a peer of the minors with whom I work and I will perform my duties accordingly;
- 3) I will maintain appropriate physical and emotional boundaries from the minors with whom I work;
- 4) I will avoid situations where I am alone with a minor at Church activities;
- 5) I will refrain from any and all physical conduct, non-curricular conversations and other communications with minors that have a sexual purpose or result;
- 6) I will report suspected abuse to the pastor, administrator or appropriate supervisor and I will report to the appropriate office of DCF any allegation of sexual abuse of a person who is a minor;
- 7) I will not touch a minor in a sexual or other inappropriate manner;
- 8) I will cooperate fully in any investigation of abuse of minors;
- 9) I will treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration;
- 10) I will use positive reinforcement rather than criticism, competition or comparison when working with minors;
- 11) I will neither accept expensive gifts from minors nor give expensive gifts to them without prior written approval from the parents or guardians and from the pastor and/or administrator;
- 12) I will not smoke or use tobacco products in the presence of minors;
- 13) I will not use, possess or be under the influence of alcohol while working with minors;
- 14) I will not use, possess or be under the influence of illegal drugs at any time;
- 15) I will not pose any health risk to minors (i.e., no fevers or other contagious situations);
- 16) I will not strike, spank, shake or slap minors;
- 17) I will not humiliate, ridicule, threaten or degrade minors;
- 18) I will not use any discipline that frightens or humiliates minors;
- 19) I will not use profanity in the presence of minors.

I understand that, in working with minors, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in removal from my position.

I also understand that this Code of Conduct does not abrogate or replace any other obligations that I have under any applicable law, guideline, policy or regulation.

 Printed Name

 Signature

 Date



**Diocese of Burlington
Participant Code of Conduct**

Event Name: _____

Event Date(s): _____ **Event Leader:** _____

As a participant of this event, I agree to:

- Represent the Catholic Christian community through my language, dress, and behavior at all times. I will respect the rights and property of others. I will respect and follow the directions of all chaperones, staff, and adult leaders, even if these leaders are not from my parish. During Mass, and upon entering a sacred space I will remove my hat, refrain from eating, drinking, and having private discussions during Mass. I will dress modestly and avoid wearing anything with inappropriate images or wording.
- Participate in all planned activities, group sessions, and projects, and always stay with my assigned group.
- Any electronic devices such as cell phones should be brought at my own risk, and may only be used during approved times. If I am asked to put my cell phone away, by any staff or chaperone, I agree to abide by those requests quickly and without argument.
- In the event of an overnight trip or event. I agree to respect the privacy of my fellow participants and not go into any other sleeping quarters (guys or girls) that are not assigned to me. I will adhere to the stated curfew of this trip.
- The possession of tobacco products, alcoholic beverages, illegal substances, and weapons is absolutely forbidden, regardless of the age of the participants (including the adults). I will not possess any alcohol, marijuana, non-prescription drugs, electronic cigarettes, JUUL devices, fireworks, weapons or knives (including pocket knives).
- I will treat everyone participating in this event with respect. I will refrain from inappropriate touching and verbal harassment. I will not engage in any form of sexual activities or sexual harassment. I will not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation or isolation).
- In the event of an emergency, I will reach out to my assigned chaperone for help and assistance.

I have read, understand and agree to follow the expectations outlined above. I will also encourage other group members to live by these rules. We need the cooperation of young adult leaders and adult chaperones to assist us in making this event successful. We need your support to help us enforce these expectations. I understand that if I fail to live up to these expectations, I may be immediately removed from this event. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home at their expense.

Participant Name: _____

Participant Signature: _____

Custodial Parent Name: _____

Custodial Parent Signature: _____

