

DIOCESE OF YAKIMA

ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperones, must sign this form.

RELEASE OF LIABILITY / MEDICAL RELEASE

Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: _____ cell phone: _____

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend *St. Joseph Church, Kennewick, Yakima Diocese* its officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip. In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other personnel, I give my permission for the necessary emergency treatment to be administered.

Please advise the doctors that I have the following allergies:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____ Relationship to me: _____

Daytime Phone: _____ Nighttime Phone: _____

Health Insurance Carrier _____

Insurance ID Number _____ Insurance Policy Number: _____

Signature

Date

Print Name



PERMISSION TO PROCURE AN INVESTIGATIVE CRIMINAL HISTORY REPORT

THE DIOCESE OF YAKIMA

Church Name or Number: _____

PLEASE TYPE OR PRINT LEGIBLY

Applicant: _____
Last Name First Name Middle

Current Address: _____
Street City State Zip

Driver's License #: _____ State Issued: _____

Please list other names used and dates of name changes in the last ten years:

Date of Birth: ____/____/____ SS #* ____/____/____ Gender: M F

*** If you do not have a SS #, you MUST sign the declaration on the opposite side. Failure to provide this information will result in no permission being given to work with minors or vulnerable adults.**

Please list past residences for the last ten years:

State: _____ City: _____ County: _____ Years: ____ to ____

State: _____ City: _____ County: _____ Years: ____ to ____

State: _____ City: _____ County: _____ Years: ____ to ____

State: _____ City: _____ County: _____ Years: ____ to ____

Have you ever been convicted of a crime? _____ If "yes", please provide details:

INVESTIGATIVE CRIMINAL HISTORY REPORT AUTHORIZATION

In connection with my application or present employment, I understand that an investigative report may be requested that may include information regarding my court records (both civil and criminal), my driving records, educational and professional credentials and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Report Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above.

Signed: _____ Witnessed: _____

Date: _____

Check category of ministry - also check this box if position pays more than \$20,000 a year:

Priest Deacon Seminarian School Teacher Employee Volunteer

SOCIAL SECURITY DECLARATION

I have not furnished a Social Security Number on my permission form because I do not have a Social Security Number.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature _____ Date: _____

CHAPERONE GUIDELINES/BEHAVIOR STANDARDS

Chaperones should be at least 25 years of age. It is fine to have “helpers” ages 18-24; however, we recommend that these individuals be supervised by an adult chaperone. Each chaperone will be assigned a group of students for which they are responsible. Regular daily responsibilities will include:

1. Make sure students are present on the bus or other means of transportation every time transportation is used.
2. Make sure the students are in their room at curfew.
3. Make sure students are awake on time.
4. Make sure students understand daily itinerary.
5. Observe students for suspicious behavior that might involve breaking the rules.
6. Be on guard for students being loud, obnoxious, and/or rude. Do not tolerate this behavior.
7. Assist in medical emergencies and contact person in charge immediately.
8. Inquire within assigned group about any individual medical abnormalities.
9. No students or chaperones should leave the group for unauthorized excursions.
10. You may search students’ rooms at any time with or without the students’ permission.
11. Check luggage before the trip.
12. Check hotel rooms for any damage or things left behind.
13. Make sure students are properly dressed at all times.

Behavior standards include:

1. “Buddy systems” should be used by chaperones; thus, it is very important to ensure 2 adults are present at all times (1 “adult” and 1 individual 18-24 is fine also).
2. One-to-one contact with a student should always occur in a public place.
3. Any verbal or nonverbal sexual behavior with any student is inappropriate.
4. Do not touch a student against his/her will.
5. Do not touch a student on any portion of their body that would be covered by a bathing suit.
6. Sexual gestures or overtures a student makes to a staff member should be reported to the appropriate personnel.
7. Do not appear in front of a student when not appropriately clothed.
8. Do not change clothes in the same room or in view of a student.
9. Driving alone with a student should be avoided at all times.
10. If necessary to drive alone with a student: Do not sit close to one another in the car; do not come into physical contact with each other; do not stop the car to talk, or if you must stop the car, turn on the inside light of the car.
11. Do not strike or touch a student as a means of discipline.
12. Do not use derogatory language when addressing a student.
13. Be alert for suspicious or unusual behavior.
14. All suspicions of child or sexual abuse need to be reported to appropriate personnel.
15. No student should be taken on any type of trip or excursion without the written consent of the custodial parent.
16. No student should be allowed to visit you in your quarters.
17. No student should be denied food, water or shelter.

During the Trip

1. Proper supervision must be provided at all times. What is considered “proper” could vary according to the age of participants and the type of activity. The greater ratio of supervision, the better.
2. Participants should be divided into smaller groups with a designated adult leader. A binder with medical release forms and emergency contact names/numbers for each individual should be carried by the designated group leader at all times in case an injury occurs.
3. If the trip is located outside the U.S., participants should dress appropriately and according to the customs and dress standards of the country in which you are visiting.
4. Be aware of the conditions of local tap water. Boiled or bottled water as well as bottled or canned beverages are safest. Select foods carefully and avoid raw foods that can't be peeled or boiled.

Transportation

Commercial carrier or contracted transportation is the most desirable method to be used and whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (i.e. commercial airlines, trains, or buses), no further information is required. However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish/school and the (Arch) Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit). **DO NOT ALLOW 11-15 PASSENGER VANS TO BE USED FOR TRANSPORTATION.**

If a vehicle will be leased, rented, or borrowed to transport participants, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent. If auto coverage is provided through Catholic Mutual, contact should be made with your Member Services Representative.

COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED, OR BORROWED VEHICLES.

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question.

1. The driver must be 21 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and license plates.
4. The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence.

The attached Driver Information Sheet for each driver must be obtained prior to the trip. Each driver and/or chaperon should be given a copy of the approved itinerary including the route to be followed and a summary of responsibilities.

With the exception of commercial or contracted transportation, the daily maximum miles driven should not exceed 500 miles per vehicle. Also, the maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30-minute break.

Medications

Self-medication by children is not recommended while on any church/school sponsored activity. It is recommended that one of the chaperones on the trip be in charge and custody of all medications (prescription and over-the-counter) for all children on the trip. This responsibility is detail-oriented and extremely important. While these procedures were designed for schools, we recommend you apply these steps and controls to your trip. Parents need to provide a complete list of medications taken by their child. This should include the prescription number (if applicable), quantity received, drug strength, expiration date and dosage schedule.

For over-the-counter medications, they should provide the name of medication, quantity received, drug strength (e.g. 250 mg), expiration date, and dosage. A log should be kept for dispensing the medication including the date, time and signature as the medication(s) are administered, starting with the number of pills received.

Note: We do not recommend you administer shots of any kind. Children needing this type of medication (e.g. insulin) are fully trained in this process and you are only to observe their administration of the shot to be sure the medication has been delivered.

If you have a child who is allergic to bee stings or suffer from peanut or other food allergies, we recommend you have an epinephrine stick on hand at all times on the trip. Be sure that all chaperones have been trained on how to use this device and are comfortable with its use. In the case of a severe allergic reaction, seconds are very important to successful treatment.

Incident Report Form

This form should be filled out completely as soon as possible after any accident/injury occurs. It is best to complete this form while all of the details, including conditions and witnesses are still fresh in your minds.

