

YOUTH GROUP FIELD TRIP REQUIREMENT FORMS

- ALL FIELD TRIPS -

Adult

ADULT CHAPERONES AND VOLUNTEER FORMS

Diocese of Peoria Field Trip Permission Form includes;

- Driver Information (if applicable)
- Chaperone Agreement
- Liability Waiver Form

Virtus and Safe Environment, includes;

- Fingerprinting
- DCFS (CANTS)
- Safe Environment Program

Adult Medical Information and Emergency Form (as a reference)

Volunteers Code of Conduct Form

DIOCESE OF PEORIA FIELD TRIP PERMISSION FORM
(This form is required for all parish trips)

TO BE COMPLETED BY THE PARISH

Date of Trip	Destination:
Departure Time:	Return Time:
Educational Purpose:	
Trip Supervisor (name of teacher, group leader, etc.):	Student Cost for Trip (if any):

TRANSPORTATION BEING PROVIDED (check all that apply):

- School Bus Private Vehicle Commercial Carrier Walking Other: _____

DRIVERS OF PRIVATE VEHICLES (check all that apply, if applicable):

- Parents Teachers School Staff Other: _____

PLEASE RETURN THE COMPLETED PERMISSION FORM WITH ANY MONEY DUE BY: _____

DRIVER INFORMATION (if applicable)

If private vehicles will be used for transportation on this field trip, please complete the following:

- Yes, I will drive for the field trip. I can accommodate _____ students with seat belts. *Please note: if you have a front passenger seat with airbag, do not use that seat for a student.*

- Yes, I am at least 25 years of age.

A copy of my driver's license is on file in the parish office. Yes No

My automobile liability insurance carrier is: _____

Policy #: _____

Expiration: _____

(the minimum acceptable liability limit for private vehicles is \$100,000/\$300,000)

- Sorry, I am not available to drive for the field trip.

CHAPERONE AGREEMENT

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the supervisor's directions at all times. I understand that the parish has the right to terminate my participation in the field trip at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions. I understand if I am removed as a volunteer I am responsible for my own travel expenses.

Signature of Chaperone

Date

LIABILITY WAIVER FORM

Name: _____

Parish/City: _____

Date of Field Trip: _____

Destination: _____

I agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend my parish and the Catholic Diocese of Peoria, including the officers, agents, employees or representatives associated with the field trip from any and all liability claims, loss of damage arising from or in connection with my participation in the field trip.

Signature of Chaperone

Date

TO BE COMPLETED AT HOME

Catholic Diocese of Peoria
ORI#ILL13671S
Fingerprint Applicant Form
Adam Walsh Act

Please provide the following information (please print clearly).

Parish _____ **City** _____

Volunteer

Last Name: _____ **First Name:** _____ **MI** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Date of Birth: ____ / ____ / ____ **Sex:** _____ **Race:** _____

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Social Security #: _____ - _____ - _____

Place of Birth:
(State or country if outside USA): _____

DO NOT WRITE BELOW THIS BOX – FOR OFFICE USE ONLY

******Technicians: This must be filled in and form mailed to main office******

F.P. Technician _____

Date Printed _____

TCN# _____

Purpose Code: AWA
Y&Y
Occupation-Account#
TBB
1/23/2009

ADULT MEDICAL INFORMATION & EMERGENCY FORM

This form is to be reviewed twice a year and updated if necessary.

Name (first, middle, last): _____

Address: _____

Regular Physician:

Name (first, middle, last): _____ Phone: (____) _____

Medical Conditions:

Please list any medical conditions (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications: _____

List any medications presently taking: _____

Other pertinent medical information: _____

Date of most recent tetanus shot: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency contacts (Please print):

1. Name (first, middle, last): _____ Work #: (____) _____ Cell #: (____) _____

Relationship (friend, neighbor, coworker, etc.): _____

2. Name (first, middle, last): _____ Work #: (____) _____ Cell #: (____) _____

Relationship (friend, neighbor, coworker, etc.): _____

VOLUNTEERS CODE OF CONDUCT FORM

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines of this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of _____, and the Catholic Diocese of Peoria.

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 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 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 Department of Children and Family Services. 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.
- Comply with all policies of the Catholic Diocese of Peoria including *Virtus* and Protecting God's Children and Safe Environment Program.

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 and fingerprinting. I understand that any action consistent 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

Dated: _____

1/23/2009