



**PARENTS/ADULT MENTORS:** in order to have a successful Youth Ministry Program, you are needed. There are many ways that you can help support our Youth Ministry Program...

Our Youth Ministry Program is more than the Youth Minister- it takes all kinds of adults. Some youth will make connections with one adult, and not another. We have to work together to provide positive adult examples for these teenagers.

If you think your child does not want you to be present (or if they have said so), that does not mean you cannot volunteer. If we do not get the volunteers that are needed to help make our program successful, there is a possibility of cancelled events or outings. We have so many gifted adults in our parish. By volunteering you are giving a gift that is priceless. Ask any adult who has volunteered, the rewards are bountiful. Sharing the gift of yourself and sharing life with our teenagers will make a lasting impression on them into adulthood. Your presence in their life at the church is what will help to keep them strong in the faith even after they have left your home.

Volunteering can be on a regular basis, or whenever you're available. Just communicate what you are willing to do. Please, prayerfully consider helping out in any way that you can!

PARENT NAME: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_

BEST TIME TO BE CONTACTED: \_\_\_\_\_

*If more than one parent/adult mentors, please put info for each person.*

I would like to volunteer in some capacity in the following areas:

- Prayer for our youth on your own time
- Provide meal for High School Youth Group
- Transportation when needed
- Fundraising
- Extra Youth Activities when they happen

Other areas you'd like to volunteer or help out/any other input to help better our program:

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Form B: Emergency Medical Release and Health Information for Adults (Rev. 2/2019)

Name/Address of Diocesan Institution Sponsoring Activity \_\_\_\_\_

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR ADULTS**

(To be kept current and stored with youth forms, readily available if needed during youth activities)

**\*\*An adult may choose to limit or not include health information, but the form still needs to be collected. Emergency care may rely on information as presented here.**

FULL NAME (Please print) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Means of Communication: Phone Call \_\_\_\_ Text \_\_\_\_ Email \_\_\_\_

Pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: \_\_\_\_\_

\_\_\_\_\_

Name and dosage of any **medications** that must be taken: \_\_\_\_\_

\_\_\_\_\_

Any allergies (food, latex, animals, etc?) Yes \_\_\_\_ No \_\_\_\_ Allergic to any medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please list and describe allergies: \_\_\_\_\_

Do you carry an EpiPen? Yes \_\_\_\_ No \_\_\_\_ If yes, where is it located? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Contact lenses? Yes \_\_\_\_ No \_\_\_\_

Swimming restrictions? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

Activity restrictions? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

Health Insurance Company (covering above-named individual): \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_\_

Policy Holder's Place of Work: \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of medical or surgical emergency, I hereby request and give my permission to the Catholic Diocese of Owensboro for hospitalization and/or provision of necessary medical treatment. I understand that I am responsible for the cost of any medical treatment (including surgery) received. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event.

**\* Please understand that, depending upon the seriousness of the situation, you may be transported to the nearest hospital.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You are responsible for the accuracy of all information on this form. Please notify the appropriate leader of any changes (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.).**

# Adult Code of Conduct for the Diocese of Owensboro

The Diocese of Owensboro works to incorporate child protection considerations into all Church-related activities. **For youth events there should always be a minimum of two Safe Environment-cleared adults.** (See diocesan sexual abuse policy, Article 12.5.5.)

Supervisory adults agree to complete background checks, take Safe Environment training, and accept specific responsibilities whenever they have minors in their care for parish, school, or other diocesan activities.

Supervisory and non-supervisory adults are expected to know and follow diocesan policy in their Church-related interactions with youth. Adult non-supervisory attendees and young people participating in the Church's youth activities (under 18 or any older youth still participating in high-school level activities) are expected to accept direction from and uphold the appropriate authority of the supervisory adults.

## **As an adult interacting with young people in these activities, I agree to the following:**

1. I will treat everyone with respect, courtesy, and consideration consistent with the mission of the Catholic Church and the Diocese of Owensboro. I will not allow discriminatory behavior based on race or national origin.
2. I will avoid situations where I am alone with a minor or vulnerable adult, other than my own children. I understand that at least two supervisory adults should be present when there are minors or vulnerable adults present.
3. I will ensure that any one-on-one meetings with a minor or vulnerable adult are held in a public area or in a visible area such as in an office with an interior window or an open door so that another person can be present outside the room as a witness. I will avoid meeting in isolated environments.
4. I will not maintain inappropriate and/or exclusive relationships/friendships with a minor or vulnerable adult. If I become aware of a minor/vulnerable adult desiring such a relationship, I will notify the supervisor, pastor, or diocesan Office of Safe Environment requesting assistance, and exercise extra caution.
5. I will remember that when minors or vulnerable adults are entrusted into my care, I have responsibilities for their safety. I am not their peer or buddy.
6. I will use positive reinforcement when working with minors or vulnerable adults. I will not humiliate, ridicule, threaten, demean, or degrade minors or others.
7. I will not use physical discipline for the behavior management of minors or vulnerable adults. No form of physical discipline is acceptable, including physical force as retaliation or correction for inappropriate behavior, except as may be needed to restrain them from inflicting harm on themselves or others.
8. I will communicate with minors or vulnerable adults in group settings for greater transparency, including at least another adult in the communications.
9. When serving in a supervisory role, I will be present and readily available during the entire event(s), take part in enforcing the rules, and assist as needed.
10. I will maintain appropriate physical boundaries with the individuals with whom I work. I will never touch anyone in my care in a sexual or other inappropriate manner. (Programs provided to children who require bathroom/diapering assistance will clearly communicate procedures with children's parents/ guardians.)
11. I will maintain appropriate emotional boundaries, recognizing my own vulnerability as well as the vulnerability of any minor or vulnerable adult with whom I work.
12. I will not use, possess, or be under the influence of any alcoholic beverage or any illegal drugs in Church settings involving minors or vulnerable adults. In addition I will also not inappropriately use any legal drug or mood-altering substance in this setting.

13. I will not provide, or allow any minor to use, any alcoholic beverage, tobacco, or illegal drugs. Neither will I provide anything prohibited by law to anyone in my care. Medications of any kind may be administered to minors only with written parental/guardian permission.
14. I understand that the possession of firearms for the transportation, events, meetings, to include all participation etc., involving youth and adults is strictly prohibited.
15. I will not have any sexually explicit or morally inappropriate materials on Church property or in the presence of minors or vulnerable adults. Such materials include, but are not limited to: magazines, videos, films, recordings, music, computer software, games, or printed material.
16. I will not use profanity or engage with minors or vulnerable adults in topics of conversation or discussion, vocabulary or any other form of personal interaction or entertainment that could not reasonably be used in the presence of parents or a responsible adult.
17. I will not engage in sexually oriented conversations with minors or vulnerable adults except in the context of sharing the Church's teaching on human sexuality.
18. I will be transparent and communicate with supervisors regarding gift-giving between me and a minor or their parent/guardian because the giving of gifts and privileges is sometimes misinterpreted or offered inappropriately.
19. I will provide only accepted overnight accommodations for minors or vulnerable adults (as noted in diocesan policy requirements).
20. I will avoid posing any known health risk to others (e.g. fevers or other contagious situations).
21. I will be responsible and /or accountable for taking care of all property and resources entrusted to me.
22. I will always report any suspected abuse according to Kentucky law. I understand that the failure to report suspected abuse (of a current minor or vulnerable adult) to civil authorities is punishable by law.
23. I will cooperate fully in any investigation of abuse.
24. I promise to help enforce the Codes of Conduct for Children and Youth (Forms D-1, D-2, and D-3) and to set a good example. I will notify the appropriate supervisor of violations of the youth Codes when necessary.
25. If I become aware of anyone violating this Adult Code of Conduct and can address the issue directly, I will do so; however, if I am unable to or if the violation is serious, I will report that violation to the appropriate level of supervisor or to the diocesan Office of Safe Environment for the safety of all.

I understand that the Diocese of Owensboro has a Safe Environment Policy that includes more details regarding adult interactions with youths. I agree to follow that policy and this Code of Conduct as a condition of my employment by the diocese and/or involvement with Diocese of Owensboro youth activities.

I understand that if my behavior is inconsistent with diocesan policy and this Code of Conduct or if I fail to take action mandated by this Code of Conduct, it may result in my removal as an employee or volunteer working with children and/or youths.

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_