

Junior High Youth Ministry Presents:

Sat., Nov. 12th 8am -12pm

# Rake N Run



## STEWARDSHIP

**DEFINITION:** Our call to take care of others and our Earth by giving of our time, talents, and energy.

**RAKE 'N RUN:** An action packed morning of traveling to 2 to 4 local homes with a fun small group of teens to rake and bag leaves.

A great opportunity to serve and have fun!



## DETAILS

**DATE:** Saturday, November 12th

**WHERE:** Meeting at St Jude's Narthex  
Right in front of Church

**TIME:** 8am to 12pm

**PARTICIPANTS:** You must register on the app or online by 11/1/22

**DRIVERS:** We need more drivers that have completed Protecting God's Children. Fill out the the three ADULT (3) forms attached

**BRING:** Your own RAKE with your name on it and wear WARM clothes!

Scan here to sign up or visit the **LIFELong** app!



Attention Parents: If you have not yet gone through **Protecting God's Children**, please go to [www.virtusonline.org](http://www.virtusonline.org) to register for this practical and empowering workshop. Parents have found the session to be extremely valuable!



Participant Name	FIRST	LAST		
Address			City	Zip
Parent Name	Parent / Guardian 1		Name Parent/Guardian 2	
Parent Cell			Cell Parent/Guardian 2	
Parent Email	Parent / Guardian 1		Teen Cell - (HS Students ONLY)	
Parish Name			City	Zip
School Attending			City	Zip
Date of Birth		Age	Grade	M F

### GENERAL PERMISSIONS

I request that my child: \_\_\_\_\_  
be allowed to participate in: \_\_\_\_\_

I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

### CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

### EXPECTATIONS

- All participants are expected to arrive on time.
- All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverages is prohibited.
- The possession of any illegal substances is prohibited and subject to legal action.
- Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
- Weapons and/or drug paraphernalia are prohibited.

**INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.**

*I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.*

Parent/Guardian initial \_\_\_\_\_ Participant initial \_\_\_\_\_

### MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: \_\_\_\_\_ by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

### MEDICAL INFORMATION

**ALLERGIC TO MEDICATIONS:** YES NO

If YES, please describe: \_\_\_\_\_

**ALLERGIC TO OTHER:** \_\_\_\_\_

**OTHER CONDITIONS:** \_\_\_\_\_

### INSURANCE INFORMATION

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ I.D.# \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

### VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Video/photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. *Additionally*, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content. If you wish to opt out initial here:

Parent/Guardian Initial to Opt Out of Photos \_\_\_\_\_

### EMERGENCY CONTACT

In the event of an emergency please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Participant Signature		Date
Parent/Guardian Signature		Date



Name	
Address	
City	State
Date of Birth	Cell #
EMAIL	
<b>Vehicle That Will Be Used</b> (complete only if using personal vehicle)	
Owner of Vehicle	
Address of Owner	
City	State

Driver's License #
DL Expiration Date
<b>IF MORE THAN ONE VEHICLE IS TO BE USED, THE AFOREMENTIONED INFORMATION MUST BE PROVIDED FOR EACH VEHICLE.</b>
Model of Vehicle
Make of Vehicle
Year of Vehicle
License Plate #
Expiration Date (Illinois Plates)
Registration/Expiration Date (Non-Illinois Plates)

**THIS FORM MUST BE RETURNED TO THE OFFICE OF HUMAN RESOURCES for Diocesan Personnel, and TO THE BUSINESS MANAGER For Parish Persons, ALONG WITH A COPY OF YOUR CURRENT DRIVERS LICENSE & INSURANCE CARD**

**Insurance Information (complete only if using personal vehicle\*)**

\* When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that vehicle.

Specific Vehicle Listed on Policy	
Insurance Company	Policy #
Date or Policy Expiration	Liability Limits of Policy*

(\*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000 / \$300,000)

Please be aware when using a personal vehicle, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

**Driving History**

Have you had any of the following citations or convictions in the past THREE years:

YES NO

Driving under the influence of alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
Hit and Run	<input type="checkbox"/>	<input type="checkbox"/>
Failure to report an accident	<input type="checkbox"/>	<input type="checkbox"/>
Negligent homicide arising out of the use of a motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Using a motor vehicle for the commission of a felony	<input type="checkbox"/>	<input type="checkbox"/>
Permitting an unlicensed person to drive	<input type="checkbox"/>	<input type="checkbox"/>
Reckless driving	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication that may affect your driving?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and, if driving a personal vehicle, have current vehicle registration and the required insurance coverage in effect on the vehicle. I agree that I will refrain from using a cell phone or any other electronic device while driving.

Driver's Signature	Date
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# DIOCESE of JOLIET

## Transportation Policy

### **Policy Statement**

As it carries out its mission of service, transportation is critical to many of the pastoral and charitable works of the Church. Transportation issues also present significant risk management concerns, and it is important that specific practices are developed and implemented to attempt to limit the risk associated with parish and school transportation activities. It is important to know that the diocesan auto program provides coverage to diocese and parish owned vehicles only. The coverage includes a large, self-insured retention, so risk reduction activities are of great importance to the diocese. Staff and parishioners using their own vehicles should be made aware that their own automobile coverage is primary when they are using their vehicles for parish business. There is coverage that would offer additional liability protection should a claim exceed the limit of their policy. Please review the information contained in this policy with all parish staff for compliance. Adherence to the Transportation Policy is required of all parishes and schools in the Diocese as well as other diocesan institutions that participate in the group insurance program.

### **Vehicle and Driver Requirements**

1. **Diocese/Parish Owned Vehicles\***
  - a. **Drivers must be 21 years of age or older.**
  - b. **If minors are transported**, it is recommended **the driver be 25 years** of age or older and should also comply with the Diocese of Joliet Protecting Children policies.
  - c. Drivers must have a valid driver's license and no physical disability that could in any way impair their ability to drive the vehicle. A copy of a valid driver's license should be maintained in the driver's file.
  - d. A Motor Vehicle Record check is to be obtained for all employees who will drive a diocese or parish owned vehicle as part of their employment at the time they are hired and every five years thereafter.
  - e. **Each driver must complete a "Driver Information Sheet"**- see page 4 for a printable or page 6 for a fillable form. The sheets are to be retained on file for the duration of each individual's service as a driver. Persons with a poor history should not be allowed to drive for diocese/parish business.
  - f. **The use of 11-15 passenger vans to transport children or adults is prohibited.** The vans may be used for cargo vans only if all, but the two front seats are removed.
  - g. Seat belts must be used at all times. Each occupant must have a seat belt. No passengers are permitted in the bed of a pickup or in the cargo area of a vehicle.
  - h. Use of cell phones and other electronic devices are prohibited while operating a motor vehicle.
  - i. Drivers of diocese/parish owned vehicles are required to take Catholic Mutual's Be Smart-Drive Safe defensive driving course. The course can be viewed on-line at (<https://cmgconnect.org/>) New users will require registration, follow on-line instructions. Returning users will need their username and password.

## 2. Personal Vehicles used for Diocese/Parish Business\*

- a. **Drivers must be 21 years of age or older.**
- b. **If minors are transported, it is recommended the driver be 25 years of age** or older and should also comply with the Diocese of Joliet Protecting Children policies.
- c. Drivers must have a valid driver's license and no physical disability that could in any way impair their ability to drive the vehicle. A copy of a valid driver's license should be secured.
- d. **A Driver Information Sheet must be completed for each driver and kept** in parish/school files-see page 4 for a printable or page 6 for a fillable form. Persons with a poor history should not be allowed to drive for parish business. Volunteer drivers should also complete the Adult Waiver & Medical Information Form-see pages 5-7 for a printable or fillable form.
- e. **The use of 11-15 passenger vans to transport children or adults is prohibited.** The vans may be used for cargo vans only if all but the two front seats are removed.
- f. The vehicle must be currently registered and in good operating condition and have all safety equipment as required by law.
- g. The vehicle must be insured for the following minimum liability limits: \$100,000 per person and \$300,000 per accident. A copy of the current insurance card should be secured.
- h. **Use of cell phones and other electronic devices are prohibited while operating a motor vehicle.**
- i. While not required, it is recommended that a Motor Vehicle Record check be obtained for any employee or volunteer who will be using their personal vehicle on a regular basis for diocese/parish/school business.
- j. **All employees who drive as part of their position and frequent volunteer drivers are required to take Catholic Mutual's "Be Smart-Drive Safe" defensive driving course.** The course can be viewed on-line at (<https://cmgconnect.org/>) New users will require registration, follow on-line instructions. Returning users will need their username and password.

## 3. Rented/Leased Vehicles

- a. **The rental or lease of 11-15 passenger vans to transport children or adults is prohibited.**
- b. When a vehicle is being rented or leased, liability and full coverage physical damage insurance must be purchased from the rental agency. **Diocesan auto insurance does not cover rented vehicles.**
- c. Vehicles should not be driven out of the country without special permission.

## 4. Chartered Vehicles

- a. Obtain a Certificate of Auto Liability Coverage from the commercial carrier naming the Diocese and parish location as an additional insured. Minimum liability limits are \$2,000,000 combined single limit.

\*The use of the word "parish" here refers to all institutions of the Diocese of Joliet that participate in its group insurance program.

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## **Specific Transportation Uses**

In addition to the above information, individuals involved in arranging transportation for parish and school transportation activities are **required to view Catholic Mutual's transportation risk management video *Church Transportation – Is It Necessary and Ministry-Based?*** The course can be viewed on-line at (<https://cmgconnect.org/>) New users will require registration, follow on-line instructions. Returning users will need their username and password.

Other information should be consulted as follows:

**School Field Trips** – Schools planning field trips should consult the Diocese of Joliet Schools Office - Handbook of Schools Policies for additional specific policies and procedures to follow for these trips. Persons involved with these trips should also comply with the Diocese of Joliet Protecting Children policies. If at all possible, the use of chartered or contracted transportation carriers should be used for these trips. The use of private passenger vehicles is discouraged and should be avoided if at all possible.

**Religious Education and Youth Ministry Trips** – In addition to the above information, parish religious education departments and youth ministers planning trips should consult the Faith Formation in Diocese of Joliet handbook for additional specific policies and procedures to follow for these trips. Persons involved with these trips should also comply with the Diocese of Joliet Protecting Children policies. **If at all possible, the use of chartered or contracted transportation carriers should be used for these trips. The use of private passenger vehicles is discouraged and should be avoided if at all possible.**

**Parish Transportation Ministries** – Many parishes have considered or have implemented programs where parish volunteers provide transportation to parishioners to church services, for doctor appointments, shopping, and other needs. These activities greatly increase the risk exposure of the parish. The best method to handle these situations is for parishioners to make these arrangements on their own without parish involvement; however, for parishes that have formally created these programs, specific risk management procedures need to be followed. **In addition to the requirements contained above in section 2, *Personal Vehicles for Parish Business*, individuals providing and receiving transportation services should sign a copy of the Adult Liability Waiver & Medical Information Form-see pages 4-5 for a printable or pages 6-7 for a fillable form-and a copy should be maintained in parish files.**

### **Related Forms**

1. Driver Information Sheet
2. Adult Liability Waiver & Medical Information Form

(revised 12/2021 CMG-jrw)



Participant Name	FIRST _____	LAST _____	
Address	_____		
City	_____	State	Zip _____
Email	_____		Cell Phone _____

GENERAL PERMISSIONS

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. If you wish to opt out of this permission initial here: Participant's Initial \_\_\_\_\_

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

- All participants are expected to arrive on time.
- All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverages is prohibited.
- The possession of any illegal substances is prohibited and subject to legal action.
- Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
- Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal I will be responsible for any and all costs related to dismissal from said events and activities and any all costs assessed by local authorities.

Participant's Initial \_\_\_\_\_

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid by the people in charge of the event and those transporting to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary. I also understand that I will be responsible for any costs incurred.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO
If YES, please describe: \_\_\_\_\_

ALLERGIC TO OTHER: \_\_\_\_\_

OTHER CONDITIONS: \_\_\_\_\_

INSURANCE INFORMATION

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ I.D.# \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Participant Name	(Please Print) _____	
Participant Signature	_____	Date _____



Thank you for your willingness to further the message of Christ to youth through your participation as an Adult Chaperone. Youth Ministry cannot happen without adult involvement. Your presence, encouragement, and empowerment of youth are critical to the success of Youth Ministry at your parish and in the diocese. The following Adult Chaperone Guidelines have been developed to help you in your role as Adult Chaperone:

GENERAL CHAPERONE CONDUCT

Adult chaperones should reflect mature and responsible behavior. As models of appropriate Christian behavior, Chaperones are asked to follow the Code of Behavior as outlined on the Adult Waiver Form. In addition to leading youth by modeling a positive attitude and involvement, all adults are to refrain from consuming drugs, alcohol and from smoking, vaping, e-cigarettes or cannabis in any form. It is important for the youth to realize that the chaperones from their parish are there to walk the journey with them. Initial \_\_\_\_\_

SUPERVISION OF YOUTH

All adult chaperones are responsible for the supervision of the youth participants from their parish. This extends to all youth at diocesan events when inappropriate behavior is to be observed. Please be familiar with the Code of Behavior. It is imperative that all adults are willing to address and relay behavior code violations. Serious behavior code violations are to be brought to the attention of the parish leader. If it is a diocesan sponsored event, parish leaders are expected to disclose inappropriate behaviors to the people in charge of the diocesan event. Initial \_\_\_\_\_

Visibility Among Youth

Please be intentionally visible and interactive with the youth participants from your parish. Your presence among the young people is very important. Please be consciously aware of the attendance of the youth from your parish as well. Make frequent head counts, monitor time away from the group for bathroom breaks and other reasons, and communicate firm check-in times to youth participants. Being attentive to their needs can help you anticipate situations that might require your attention. Initial \_\_\_\_\_

RESPONSIBILITY TO REPORT - ADULT CHAPERONES HAVE THE RESPONSIBILITY TO REPORT THE FOLLOWING INFORMATION CONCERNING YOUTH:

RESPONDING TO ACCIDENTS

If there is an emergency that requires immediate medical attention, contact emergency services immediately. In the US, dial 911. Then inform your parish leader (and if at a diocesan event, the diocesan staff person responsible for the event) as soon as possible of any accident. If medical attention is required, but not an emergency, make the participant comfortable following the boundaries provided by the Youth Medical Form. Inform the parish leader / diocesan leader who will contact the participant's parents as soon as possible. If the incident occurs and you are the designated adult, you must be sure to stay in regular communication with the parish leader and/or the diocesan staff person in charge of the event. It is important to use the Accident/Incident Form for Youth Events to document what happened to cause the accident and the steps taken to provide attention or treatment following the accident. This form is to be turned in to the parish / diocesan leader and Catholic Mutual. Initial \_\_\_\_\_

PROVIDING GUIDANCE AND ENCOURAGEMENT TO YOUTH

There may be times when young people have difficulty focusing, following directions, or cooperating for many reasons. Speak to the person privately in a gentle and direct manner. You may have to remove the individual from the group setting in order to have that conversation, which is highly recommended. See the guidelines below for Safety of Youth and Adult Participants. It is important that you never publicly humiliate any person. Ask other adult chaperones or your parish leader for help, especially if the cause of these behaviors is beyond your ability to respond. Initial \_\_\_\_\_

FOR THE SAFETY OF THE YOUTH PARTICIPANTS & ADULT CHAPERONES

No adult should be alone in an enclosed area with a youth participant. Conversations with youth should always take place in a public location. When speaking to youth in a room, the door to that room must remain open. When responding to situations in opposite-sex housing, make sure another adult is present and you announce your presence prior to entering the area. Initial \_\_\_\_\_

REQUIREMENTS FOR THE PROTECTION OF YOUNG PEOPLE

Adult chaperones are required to have a criminal background check and Protecting God's Children (VIRTUS) training prior to chaperoning any event with minors. Initial \_\_\_\_\_

Table with 3 columns: Type of Information to Report, Timeframe to Report It, and Who to Report it To. Rows include Serious behavior code violations, Accident or injury, Suicidal thoughts or threat, and Disclosure of physical or sexual abuse.

As an adult chaperone for a parish attending this event, I have read and understand my responsibilities and agree to abide by these guidelines.

Print Name
Signature Date