

# ST. MATTHEW PARISH CCD PROGRAM

## 2018-2019 YOUTH VOLUNTEER INFORMATION FORM

(A youth volunteer form must be completed in its entirety each year for volunteers even if information has not changed from last year. **PLEASE PRINT ALL INFORMATION CLEARLY.**)

### GENERAL STUDENT INFORMATION:

First & Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth date (MM/DD/YY): \_\_\_\_\_

Grade Level in Fall 2018: \_\_\_\_\_ School: \_\_\_\_\_

### MEDICAL HISTORY:

Known Allergies & Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any further information concerning allergies, physical, social or learning disabilities, family situations, personal difficulties, etc.?  
\_\_\_\_\_

### FAMILY INFORMATION:

\_\_\_\_\_  
Father's Name (First/Last) Cell Phone E-mail

\_\_\_\_\_  
Father's Mailing Address (if different from above): City/State/Zip

\_\_\_\_\_  
Mother's Name (First/Maiden/Last) Cell Phone E-mail

\_\_\_\_\_  
Mother's Mailing Address: (if different from above) City/State/Zip

Are you registered members of St. Matthew Parish? (Yes/No) Father \_\_\_\_\_ Mother \_\_\_\_\_ Volunteer \_\_\_\_\_

**DIOCESE OF PEORIA PERMISSION FORM**  
**YOUTH VOLUNTEER ACTIVITY: CCD PROGRAM AT ST. MATTHEW**  
**September 9, 2018—May 5, 2019**

**Name of Youth Volunteer:** \_\_\_\_\_

**PART I: Liability Waiver**

I, the parent and/or legal guardian, of the child registered by me, hereby give my permission for his/her participation in the youth activity named above. I agree to direct my child to cooperate and conform with directions and instruction of parish, school, and/or Diocesan personnel responsible for youth activities.

As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and agents, from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in this activity.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PART II: Publicity Waiver**

Video, still photographs, and audio recordings may be taken during CCD. This authorization form constitutes permission for my child's participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria and/or St. Matthew Parish publications, websites, and advertising materials. In addition, local news organizations may be allowed to photograph or record our events to be used, distributed, or displayed as agents of the parish and/or diocese as the parish and/or diocese see fit. I hereby expressly grant to the parish named above and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child for the purpose of publicizing, fostering and promoting the parish and/or diocese and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PART III: Medical Waiver**

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, by the people in charge of the CCD program, to sign the necessary releases as may be required, 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 in 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 firstly, then the emergency contact listed below when I cannot be reached. 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 injection, anesthesia, or surgery if deemed necessary for my child.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Insurance Information:**

Policy Holder (in the name of): \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Identification #: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Hospital: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact:**

In case of emergency, when parents can't be reached, please contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CODE OF CONDUCT FOR YOUTH VOLUNTEERS OF CCD AT ST. MATTHEW PARISH:

***Parents/Guardians: please read, review, and sign with your student, and return this code of conduct, along with the volunteer's information form, to the St. Matthew Parish Office.***

Welcome! And thank you for volunteering your time for the CCD Program at St. Matthew Parish! We hope to provide the students of the CCD program with a fun, faithful, and positive learning experience that they will remember for many years to come. To help us provide a safe, secure, and enriching environment for participants, all youth volunteers are expected to follow the Code of Conduct and to interact appropriately and productively at all times.

As a part of our CCD program, St. Matthew Parish wishes to promote and teach responsibility and respect. This Code of Conduct has been created to encourage all youth volunteers to foster these traits. Please take time to read and understand the following expectations.

I, \_\_\_\_\_, understand that by volunteering for the CCD program, which runs from September 9, 2018 to May 5, 2019 at St. Matthew Parish, I will be held responsible for my actions.

As a youth volunteer I will:

- ◇ Exhibit Christ-like behavior at all times.
- ◇ Show respect to other youth volunteers, to the students, and to myself.
- ◇ Show respect to parish staff and the catechists, cooperating fully with their instructions to the best of my ability.
- ◇ Communicate in an appropriate manner, refraining from using foul language or gestures.
- ◇ Wear modest dress.
- ◇ Use CCD equipment, supplies, and facilities properly.
- ◇ Refrain from using personal electronic devices before and during class.
- ◇ Remain with the class I am assigned to and the area in which I have been assigned and not leave without permission.
- ◇ Refrain from inappropriate physical contact, which is not acceptable and will not be tolerated.
- ◇ Refrain from harsh actions and words, which are not acceptable and will not be tolerated.

Minor incidents of breaking the code of conduct will be brought to the youth volunteer's attention and suggestions will be made on how to correct behavior. Continued violation will result in a notification of the parent. The parish staff and CCD team will seek parental support to resolve issues and to encourage positive program participation. Youth Volunteers who remain disruptive after consultation with the parents may be dismissed from camp.

Youth Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_