

# **GENERAL GUIDELINES FOR YOUTH MINISTERS**

The guidelines stated are meant to answer general questions for youth ministers pertaining to proper care of minors. Appropriate conduct and procedures are not limited to what is contained in this packet. Information may vary depending on particular circumstances. For further details on proper procedures with youth, please refer to the CMSE Manual or contact The Office of Child & Youth Protection at 361/882-6191

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## GENERAL CHAPERON GUIDELINES

The following guidelines have been established to help adult leaders responsible for supervising or chaperoning youth:

1. All persons (including minors) working with children or youth (including but not limited to chaperones, drivers, and short-term volunteers) must meet the requirements set forth by the Safe Environment Policy. These include:
  - Completion of the criminal background and history check (every 6 years)
  - Attending the CMSE Workshop and submitting a copy of the certificate of completion to the appropriate church personnel (every 2 years)
  - Signing the Diocesan Code of Conduct that will be kept on file at the parish
  - Completion of the Volunteer Application Form
2. Minimum requirements for supervising youth are: For children up to 12 years old there must be at least one adult supervising every 8 children. For youth between the ages of 13 and 18 the ratio is at least one adult supervising every 10 youth.
3. Two adult staff/ministers of the youth ministry program, one of whom must be 21 years of age or older, are required to be present. The administrator or program director is responsible for ensuring that sufficient supervision is provided for all activities.
4. One-on-one contact between adults and youth is not permitted, except in a professional counseling situation. In situations that require personal conferences, such as a disciplinary conference, the meeting is to be conducted in view of other adults and/or youth.
5. All chaperones must refrain from drinking alcoholic beverages the evening before, up until the close of the activities where youth are present. They should also enforce the policy of “no use” of drugs or consumption of alcohol with the youth.
6. It is the responsibility of the adult chaperone to go over the rules, expectation, etc., for the particular activity or event with the youth and to enforce them.
7. Responsibility for discipline is shared by all adult chaperones. Remember, the youth you are chaperoning represent the Catholic Church.
8. All chaperones should follow the same rules and not go anywhere youth may not go.
9. Adult leaders are expected to supervise and require appropriate behavior, and to see to the needs of the youth entrusted to them.
10. Youth ministers/staff are responsible for releasing minors in their care only to parents, legal guardians, or other persons designated by parents or legal guardians at the close of services or activities. In the event that the minister/staff are uncertain of the propriety of releasing a minor, they should immediately locate or contact their immediate supervisor before releasing the child.

For more details on appropriate chaperoning policy, please refer to the CMSE Manual or contact the Office of Child & Youth Protection at 361/882-6191.

## TRANSPORTING YOUTH

The following guidelines have been established to help adult leaders responsible for transporting youth:

1. All general chaperoning guidelines (as stated above) should be maintained while transporting youth.
2. Ordinarily, minors should never be transported without written permission.
3. All parents/guardians of youth being transported must fill out waivers of all claims against the diocese and parish for injury, accident, illness or death occurring during, or by reason of the event/travel. This form should include consent to participate, liability release and medical consent/information (see forms).
4. All adult participants must fill out a liability release form (see forms).
5. Proper insurance for youth, adults, and equipment is required. This information is required on the diocesan medial/liability form. If necessary, group accident insurance can be tailored and written on an event-specific basis. In addition, anyone bringing special equipment or gear from home for the benefit of the trip should be advised that they are responsible for providing insurance in the event of damage, theft or other unforeseen circumstances.
6. All forms should be double checked to ensure that information is complete and properly filled out. Copies of all liability waivers/permission forms/medical release forms must accompany the group throughout duration of the event/activity. All forms need to be easily accessible and in close proximity to the participants.
7. A proper first aid kit should accompany the group on any trip.
8. Rental vehicles may be used to transport youth, however the additional liability and first coverage must be purchased.
9. Personal vehicles may be used to transport youth, however these vehicles must have minimum liability insurance of \$100,000/\$300,000. The vehicle must also have a valid and current registration and valid and current license plates.
10. 10–15 passenger vans are not allowed under any circumstance.
11. All drivers must complete the Volunteer Driver Information Sheet and Driver Background Check. These two forms along with a copy of insurance and a copy of a drivers license must be submitted to the youth ministry office two weeks prior to the transporting (see forms). Driver Background checks require a \$15 fee.
12. Drivers 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.
13. Drivers must be at least 25 years old. (Requests for specific exceptions may be submitted in writing to the Vicar for Priests at P.O. Box 2620, Corpus Christi, TX 78403-2620).
14. One adult cannot be alone with a single youth in a vehicle.
15. When traveling outside of the diocese, a letter of permission must be submitted to the bishop (see form).
16. Minors should be transported directly to their destination. No unauthorized stops should be made.

For more details on appropriate transportation policy, please refer to the CMSE Manual or contact the Office of Child & Youth Protection at 361/882-6191.

## **OVERNIGHT EVENTS**

The following guidelines have been established to help adult leaders responsible for supervising or chaperoning a youth while traveling and/or participating in an overnight event:

1. All general chaperoning guidelines (as stated above) should be maintained.
2. All parents/guardians of youth participating must fill out waivers of all claims against the diocese and parish for injury, accident, illness or death occurring during, or by reason of the event. This form should include consent to participate, liability release and medical consent/information (see forms).
3. All adult participants must fill out a liability release form (see forms).
4. All forms should be double checked to ensure that information is complete and properly filled out. Copies of all liability waivers/permission forms/medical release forms must accompany the group throughout duration of the event/activity. All forms need to be easily accessible and in close proximity to the participants.
5. A proper first aid kit should be on site.
6. No youth is permitted to sleep alone in the room of an adult other than his own parent or guardian. When on an overnight trip or when camping, adults assigned to a room, cabin or tent should only be present in the room, cabin, or tent when there are two or more youths present.
7. Males and females must have separate sleeping quarters and shower facilities.

For more details on appropriate policy, please refer to the CMSE Manual or contact the Office of Child & Youth Protection at 361/882-6191.

**YEARLY PARENT/GUARDIAN PERMISSION AND HEALTH HISTORY FORM**

Participant's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_/\_\_/\_\_ Age \_\_\_\_\_  
Parish \_\_\_\_\_ City \_\_\_\_\_ Grade Level \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

I agree on behalf of myself, my heirs, successors, executors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and \_\_\_\_\_ parish , and their officers, directors, agents employee, or representatives associated with the parish youth program from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees arising from or in connection with my attending youth ministry events  
beginning January 1, 20\_\_\_\_\_ and continuing through December 31, 20\_\_\_\_\_.

In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

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

In an **EMERGENCY**, if unable to reach parent/guardian, contact:

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

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

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Special Information** – All information will be held in strict confidence.

Allergic Reaction (plant, insect, food, medicines) \_\_\_\_\_

List Allergies \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Does child require a medically prescribed diet? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Any physical limitations? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Other special medical conditions: \_\_\_\_\_

In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Corpus Christi, chaperons, or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called COLLECT (with phone charges reversed to myself).

Yes \_\_\_\_\_ No \_\_\_\_\_

Continued on back

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only those in accord with your wishes:

**Medications:** My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

---

Parent/Guardian signature (required for dispensing any medication)

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

**Non-Prescription Medications:** I hereby grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup) and routine non-surgical medical care to be given to my child if deemed advisable by supervising personnel.

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

I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

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

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_ Parish, its officers, directors, employees and agents, and the Diocese of Corpus Christi, its employees and agents, chaperons, or representatives associated with the youth program, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Corpus Christi, its employees and agents and chaperons, or representatives associated with the parish or diocese for reasonable attorney's fees and expenses which may incur in any action brought against them as result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

**Diocese of Corpus Christi and/or Parish of \_\_\_\_\_**  
**Youth Ministry Release of Liability and Medical Release Form**

**Adult Participant's Name:** \_\_\_\_\_

**Parish:** \_\_\_\_\_ **Daytime Phone Number** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I agree on behalf of myself, my heirs, successors, executors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and \_\_\_\_\_ parish, and their officers, directors, agents employee, or representatives associated with this event/trip from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees arising from or in connection with my attending youth ministry events beginning \_\_\_\_\_ through \_\_\_\_\_.

In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

In the event that I should require medical treatment and 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. 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:** \_\_\_\_\_

**Day Time Phone Numbers:** \_\_\_\_\_ **Night Time Phone Numbers** \_\_\_\_\_

**Health Insurance**

**Carrier:** \_\_\_\_\_

**Insurance ID Number:** \_\_\_\_\_ **Insurance Policy Number:** \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PARENT/GUARDIAN PERMISSION AND HEALTH HISTORY FORM FOR**

\_\_\_\_\_ (event)

Participant's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_/\_\_/\_\_ Age \_\_\_\_\_  
Parish \_\_\_\_\_ City \_\_\_\_\_ Grade Level \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_  
(parent/guardian) (child's full name)  
to travel to and participate in the \_\_\_\_\_ to be held on \_\_\_\_\_ 2004 from  
(event) (date)  
\_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_.  
(time) (location)

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

In an **EMERGENCY**, if unable to reach parent/guardian, contact:

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

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

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Special Information** – All information will be held in strict confidence.

Allergic Reaction (plant, insect, food, medicines) \_\_\_\_\_

List Allergies \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Does child require a medically prescribed diet? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Any physical limitations? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Other special medical conditions: \_\_\_\_\_

In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Corpus Christi, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called COLLECT (with phone charges reversed to myself).

Yes \_\_\_\_\_ No \_\_\_\_\_

Continued on back

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only those in accord with your wishes:

**Medications:** My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

---

Parent/Guardian signature (required for dispensing any medication)

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

**Non-Prescription Medications:** I hereby grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup) and routine non-surgical medical care to be given to my child if deemed advisable by personnel supervising the field trip.

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

I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

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

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_ Parish, its officers, directors, employees and agents, and the Diocese of Corpus Christi, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Corpus Christi, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

# LIABILITY WAIVER (ADULT)

## Release of Liability

I \_\_\_\_\_ agree on behalf of myself, my heirs, assigns, executors, and  
(Full Name)  
personal representatives, to hold harmless and defend \_\_\_\_\_ Parish,  
(Name of parish)  
the Diocese of Corpus Christi, its officers, directors, agents, employees, or  
representatives associated with this event from any and all liability claims, loss or  
damage in connection with my participation in \_\_\_\_\_.  
(Name of Event)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# LIABILITY WAIVER (ADULT)

## Release of Liability

I \_\_\_\_\_ agree on behalf of myself, my heirs, assigns, executors, and  
(Full Name)  
personal representatives, to hold harmless and defend \_\_\_\_\_ Parish,  
(Name of parish)  
the Diocese of Corpus Christi, its officers, directors, agents, employees, or  
representatives associated with this event from any and all liability claims, loss or  
damage in connection with my participation in \_\_\_\_\_.  
(Name of Event)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**REPORT OF ILLNESS OR INJURY FORM**

(To be filled out in any case of illness, accident or injury and kept on file)

Name of participant \_\_\_\_\_

Type of illness or injury \_\_\_\_\_

Date of illness or injury \_\_\_\_\_

Parish Youth Ministry event \_\_\_\_\_

Location \_\_\_\_\_

Describe the circumstances of the injury: (Who, What, Where, When, How)

\_\_\_\_\_  
\_\_\_\_\_

Illness (symptoms):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken (medication given, treatment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were parents notified? Yes \_\_\_\_\_ Time \_\_\_\_\_ No \_\_\_\_\_

By whom as the action taken? \_\_\_\_\_

# VOLUNTEER DRIVER

## INFORMATION SHEET

### Driver

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

### Vehicle That Will Be Used

Name of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_  
Address of Owner \_\_\_\_\_ Make of Vehicle \_\_\_\_\_  
\_\_\_\_\_ Year of Vehicle \_\_\_\_\_  
License Plate # \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
Registration Expiration Date \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

### Insurance Information

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

Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Date of Policy Expiration \_\_\_\_\_  
Liability Limits of Policy\* \_\_\_\_\_

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

### Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's insurance coverage in effect on any vehicle used to transport minors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please include a copy of your drivers license and proof of insurance)

**Driver Background Check**

**DIOCESE OF CORPUS CHRISTI  
APPLICATION FOR EMPLOYEES AND VOLUNTEERS**

**PRINT OR TYPE ONLY**

<b>P E R S O N A L  I N F O R M A T I O N</b>	Last Name	First	Middle	Date
	Street Address			Date of Birth
	City, State, Zip			Social Security No.
	Have you ever applied for employment with us? ___ Yes ___ No			Email Address
	If Yes: Month and Year _____ Location _____			
	Do you wish to work: ___ Full Time ___ Part Time ___ Temporary ___ Volunteer ___ Diocese ___ Parish ___ School ___ Other Agency			Home Phone (____) - _____
	Are you legally eligible for employment in the United States? ___ Yes ___ No			Business Phone (____) - _____
	Please list your addresses for the past five years: {City or Town/County/State/Years lived}			Driver License
	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Use separate sheet of paper in needed			Number: _____ State: _____
	Are you a member of the Diocese of Corpus Christi? ___ Yes ___ No			
If yes, name of parish: _____ Location (City/Town): _____				
<b>E M E R G E N C Y</b>	Person to be notified in case of emergency:			
	Name: _____ Telephone: (____) _____ - _____ Address: _____ _____			

<b>VOLUNTEER EXPERIENCE (Use separate sheet if needed)</b>				
Organization	Duties	Dates	Contact	Phone

ORIGINAL FORMS MUST BE SENT TO PERSONNEL OFFICE AT CHANCERY. PLEASE RETAIN COPIES FOR YOUR RECORDS.

**Continued on next page**

**Driver Background Check**

**DIOCESE OF CORPUS CHRISTI  
CONSENT TO PERFORM A HISTORY/BACKGROUND CHECK  
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

I, \_\_\_\_\_, am an applicant for employment with \_\_\_\_\_ CHURCH/SCHOOL/DEPARTMENT. As a part of the application process I have been advised that the diocese conducts a criminal history check that may include a credit report and or motor vehicle report. I do hereby consent to the use of any and all information provided to the diocese in the application process to be used in the criminal history/background check. The following are my responses to questions about my criminal history (if any).

1. \_\_\_YES \_\_\_NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. \_\_\_YES \_\_\_NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

3. \_\_\_YES \_\_\_NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

4. \_\_\_YES \_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

5. \_\_\_YES \_\_\_NO As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE. I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DIOCESE OF CORPUS CHRISTI.**

APPLICANT'S SIGNATURE \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**TO BE FILLED OUT BY OFFICE OF PERSONNEL**

At this time the petitioner \_\_\_\_\_ DOES \_\_\_\_\_ DOES NOT meet the requirement for the Diocese of Corpus Christi.

\_\_\_\_\_  
DIRECTOR OF PERSONNEL

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

ORIGINAL FORM MUST BE SENT TO PERSONNEL OFFICE. PLEASE RETAIN A COPY FOR YOUR RECORDS.

**SAMPLE LETTER OF PERMISSION**

[Your Name]

[Address]

[Phone]

[Today's Date]

Re: Out of Diocese Travel with Youth

Bishop Edmond Carmody  
Diocese of Corpus Christi  
P.O. Box 2620  
Corpus Christi, TX 78403

Dear Bishop Carmody,

\_\_\_\_\_ youth ministry program would like to request your permission to  
(Name of Parish)  
travel outside the Diocese of Corpus Christi to attend \_\_\_\_\_ in \_\_\_\_\_.  
(Name of event) (Destination – City, State)  
(Description of event).

All chaperones attending this event have met the requirements set forth by the Safe Environment Policy established by the diocese. Furthermore, there are a sufficient number of adult sponsors to meet the diocesan ratio criteria. \_\_\_\_\_ youth and \_\_\_\_\_ adults will be participating.  
(# of youth) (# of adults)

I have attained all appropriate documents\* for each youth and adult attending. I am assuring you that there will be one person designated who will have with him/her a copy of these documents at all times during the trip/event. Our group will be traveling by means of \_\_\_\_\_. I have reviewed all the guidelines for traveling and chaperoning youth and understand what is expected of the parish and its ministers.

Thank you for your time and consideration.

Sincerely,  
[Signature]  
[Your Name]  
[Your Title]

\*Consent to participate, liability waiver, permission to provide medical treatment if necessary