



## APOSTOLIC SISTERS OF SAINT JOHN

St. Kateri Tekakwitha Priory, 10809 W. Legion Hall Rd, Princeville, IL 61559

Phone: (309) 243 1488 E-mail: sr.ap.princeville@stjean.com

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### ADULT CHAPERONES AND VOLUNTEER FORMS

Diocese of Peoria Field Trip Permission Form includes;

- Chaperone Agreement
- Liability Waiver Form

*Virtus* and Safe environment, includes;

- Fingerprinting
- DCFS (CANTS)
- Safe Environment Program

Adult Medical Information and Emergency Form / Emergency Medical Treatment (as a reference)

Volunteers Code of Conduct Form

Publicity Form

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### CHAPERONE AGREEMENT

While participating in this trip/event/program, 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 Congregation of St. John has the right to terminate my participation in the trip/event/program at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions. I understand that if I am removed as a volunteer I am responsible for my own travel expenses.

\_\_\_\_\_  
Signature of Chaperone/ Staff/ Volunteer

\_\_\_\_\_  
Date

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### LIABILITY WAIVER FORM

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

Parish/City: Congregation of St. John / Princeville, IL

Date of trip/event/program: \_\_\_\_\_

Destination: \_\_\_\_\_

I agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend the Congregation of St. John 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/Staff/Volunteer

\_\_\_\_\_  
Date



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**MEDICAL INFORMATION & EMERGENCY FORM**

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

**Adult:**

Name (first, middle, last): \_\_\_\_\_

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

Adult Participant's Regular Physician:

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions you have (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

List any allergies or allergic reactions you have to medications: \_\_\_\_\_

\_\_\_\_\_

Medications that you are presently taking: \_\_\_\_\_

\_\_\_\_\_

Other pertinent medical information (please use more paper if helpful; this information will help us be attentive to your needs): \_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

**Medical Insurance Information:**

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

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency Contacts:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

This information will be kept in the possession of the Congregation of St. John. A copy will be distributed to the person in charge of each trip/event/program in which the student/adult participates. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [adult], understand that in the case of illness or injury to me, the Congregation of St. John and/or Eagle Eye will try to notify the person I have listed above as an emergency contact. In case of medical emergency concerning myself, at a time when my listed emergency contact cannot be notified, I grant full power to the Congregation of St. John and/or Eagle Eye to 1) arrange for the transportation of myself, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

**This Authorization for Emergency Medical Treatment is valid for a period of one year, from the date signed.**

# VOLUNTEERS CODE OF CONDUCT

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 participating in events with the Congregation of St. John (Brothers and Apostolic Sisters) 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 or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to 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.

**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.
- Access, view and/or distribute pornography, including, but not limited to child pornography.

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.

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Volunteer's Printed Name

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Volunteer's Signature

Dated:



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## PUBLICITY FORM-ADULTS

2018

On occasion, the Congregation of the Apostolic Sisters of St. John named above takes photographs or makes an audio or video recording of children and/or adults involved in youth activities. Such photographs or video records may be used by staff and participants to remember the activities or participants and volunteers. In addition, such photographs and audio/visual recordings may be used in the Congregations of the Brothers of St. John or the Apostolic Sisters of St. John's publications or advertising materials to let others know about the Congregation and its ministries. Also, local news organizations may learn about the Congregation and its ministries, and the Congregations of the Brothers of St. John and of the Apostolic Sisters of St. John may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the Congregation see fit.

I hereby expressly grant to the Congregations of the Brothers of St. John and of the Apostolic Sisters of St. John named above, and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of myself in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of myself for the purpose of publicizing, fostering, and promoting the Congregations of the Brothers of St. John and of the Apostolic Sisters of St. John and its programs, or for any other purpose in furtherance of the mission of the Congregations, and/or the Diocese of Peoria.

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Printed name of Adult Volunteer

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Signature of Adult Volunteer

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Date