



ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office Youth and Young Adult Ministry

Fifty-five Joy Drive

South Burlington, Vermont 05403

(802) 658-6110

REQUEST FOR APPROVAL - YOUTH EVENTS

This form must be submitted as far in advance as possible to the appropriate person. For parish religious education trips, this form must be submitted to the Pastor and Director of Catechetical Ministry. For parish youth ministry events, this form must be submitted to the Pastor and Director of Youth Ministry. For schools, this form must be submitted to the Pastor and the Superintendent of Schools.

Name of sponsoring parish/school: _____

Name of contact person: _____ Phone Number: _____

Address: _____ City/Town: _____ State: _____ Zip Code: _____

Type of activity/activities: _____

Dates: _____ Place: _____

What is the purpose of the event? _____

What else is occurring at the event when the group will be there? _____

Is this an overnight event? YES NO If "YES," what type of sleeping accommodations will be used? _____

What will be the adult/child ratio? _____ Are all adults trained AND background screened? YES

(All parent/chaperone participants are required to complete safe environment training and background screening).

What type of transportation will be used? _____

What type of training/preparation will be done in advance? _____

Include a list of names of the chaperones (18 and over) who will be participating directly or indirectly on the overnight stay, a list of participating parents and a list of the names of the young people participating.

For Diocesan Use:

Approved by: _____ Date: _____
 (Pastor, Director of Catechetical Ministry, Director of Youth Ministry, Superintendent of Schools)



ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office Youth and Young Adult Ministry

ADULT VOLUNTEER ROSTER

Event Name: _____

Start Date / End Date: _____ / _____

Parish/School: _____

City: _____

Leader's Name: _____

Leader's Phone: _____

Leader's Position: _____

Leader's Email: _____

First Name	Last Name	Background/ Reference Check (Date Completed)	Safe and Sacred Training/Code of Conduct (Date Completed)	Participant Expectations (Date Signed)	Adult Medical Wavier, Liability & Photo Release Agreement (Date Signed)	Initials
Required Alternates:						

I certify that based upon a review of our records, all of the adults listed above have completed and satisfied the Diocese of Burlington's adult safe environment procedures shown above, as required by the Office of Safe Environment Programs, in compliance with the *Charter for the Protection of Children and Young People*. We maintain sufficient documentation to show the completion of these procedures for each adult listed; and to the best of our knowledge, after reasonable inquiry, there is nothing in the background of any adult listed above which would disqualify the person from engaging in volunteer activities which would include minor children.

Pastor or Administrator Signature: _____ Date: _____

Leader's Name: _____

Leader's Phone: _____

Leader's Position: _____

Leader's Email: _____

Please return this completed form to sponsoring organization: _____

Questions? Contact the Office of Youth and Young Adult Ministry: 802-658-6110

November 2015



ROMAN CATHOLIC DIOCESE OF BURLINGTON
Office of Youth and Young Adult Ministry

PARTICIPATING PARENT ROSTER

Event Name: _____

Start Date / End Date: _____/_____

Parish/School: _____

City: _____

Leader's Name: _____

Leader's Phone: _____

Leader's Position: _____

Leader's Email: _____

First Name	Last Name	Background/ Reference Check (Date Completed)	Safe and Sacred Training/Code of Conduct (Date Completed)	Participant Expectations (Date Signed)	Adult Medical Wavier, Liability & Photo Release Agreement (Date Signed)	Initials

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Pastor or Administrator Signature: _____ Date: _____

Leader's Name: _____ Leader's Phone: _____

Leader's Position: _____ Leader's Email: _____

Please return this completed form to sponsoring organization: _____
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November 2015