



## ROMAN CATHOLIC DIOCESE OF BURLINGTON

**Office of Catholic Formation**  
 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 of Catholic Formation**

**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
<b>Required Alternates:</b>						

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 Catholic Formation: 802-658-6110  
 November 2015



First Name	Last Name	Participant Expectations (Date Signed)	Youth Registration, Medical Release and Permission Combined Form (Date Signed)	Initials

I certify that based upon a review of our records, all of the youth listed above have completed and satisfied the Diocese of Burlington’s youth 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 youth listed.

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 Catholic Formation: 802-658-6110  
November 2015



**ROMAN CATHOLIC DIOCESE OF BURLINGTON  
Office of Catholic Formation**

**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

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: \_\_\_\_\_