

HOLY FAMILY **CROSSWALK** MIDDLE SCHOOL MINISTRY COVENANT

"Let no one look down on your youthfulness, but rather in speech, conduct, love, faith and purity, show yourself an example of those who believe."- 1 Timothy 4:12

I commit to deepen my faith through the Crosswalk Middle School Ministry.

I COMMIT TO:

- Glorify God with my life. Worship with the Holy Family Community
- Pray daily, for the gifts and graces that come from the Holy Spirit
- Worship regularly with my family and be willing to take leadership roles with the worshiping community
- Live in a community that believes we are all beloved by our God
- Respect, honor and grow with those in my parish family, my peers, and the peers and adults who serve in the Crosswalk Middle School Ministry
- Participate in our Crosswalk Middle School Sessions by asking thoughtful questions and actively listening to others and be willing to serve others
- Honor my parents/guardians and communicate with them throughout this process
- Use the tools offered on the Holy Family website to keep informed of the various formation sessions, service opportunities, retreats, rites and community life events
- Not participating in illegal use of drugs, use of alcohol, promiscuity, bullying, nor, profanity at all Holy Family events
- Share with the director my concerns and avoid gossiping

Middle Schooler's Printed Name

Middle Schooler's Signature

Date

As parent/guardian of this candidate I commit to supporting my teen, and encouraging him/her to honor this covenant.

Parent/Guardian's Printed name

Parent/Guardian's Signature

Date

MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: _____

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.

_____ Last Name of Minor First Name Sex Birth Date

Name of Medication: _____

A. Physician's Instructions. (Complete where applicable)

_____ Purpose of Medication or Diagnosis

_____ Dosage Prescribed Date/Time Schedule Dose Form (tablet/liquid)

Please notify this office if patient misses medication Yes No

Medication may have adverse effects (explain) _____

Special instructions and/or comments: _____

_____ Print Name of Licensed Physician Signature of Licensed Physician Date

_____ Physician Address and Phone Number

B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity: I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: _____ Emergency phone number: _____

Parent/Guardian Signature: _____ Date: _____



**MEMORIALIZING PARENT'S AUTHORIZATION
TO USE CHILD'S IMAGE, NAME, VOICE AND/OR WORK FOR NON-COMMERCIAL PURPOSES**

Archdiocese/School/Parish: Archdiocese of Los Angeles, Holy Family, South Pasadena

Class/Activity: Youth Ministry and Confirmation

The Archdiocese/School/Parish intends to use your child's image, name, voice and/or work for the following non-commercial purposes (describe class/activity, date(s) if applicable): During the duration of the Confirmation Preparation, Mission trips, and other Youth Programming.

This section to be completed by Parent/Legal Guardian:

I/We _____, and _____ are the parents or legal guardian of _____ (child's name), a minor (age: _____). I/we hereby authorize the Archdiocese/School/Parish to use the following personal information about my/our child:

Image/visual likeness, voice, work, and first initial and last name, or first name only.

I/We understand and agree that my/our child's image, name, voice and/or work (the "Personal Information") will be used for the particular reasons identified above. I/We further understand and agree that the Archdiocese/School/Parish may use the Personal Information for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I/We understand and agree that the Personal Information, photographs or electronic recordings of my/our child may be copied, edited and distributed by the Archdiocese/School/Parish in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the "Materials").

The Archdiocese/School/Parish may use the Personal Information at its sole discretion, with or without my/our child's name or with a fictitious name, and with accurate or fictitious biographical material. The Archdiocese/School/Parish will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I/We waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. While the Archdiocese/School/Parish will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I/We release and discharge the Archdiocese/School/Parish and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form.

In exchange for the Archdiocese/School/Parish's giving my/our child an opportunity to participate in the class/activity, I/We hereby agree that neither I/we, nor my/our child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by the Archdiocese/School/Parish. I/We understand and agree that the Archdiocese/School/Parish shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Archdiocese/School/Parish intends to use the Materials for a commercial purpose, I/We will be provided at that time with information about the terms of the commercial use.

I/We hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Archdiocese/School/Parish and its employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I/we expressly assume the risk of any resulting injury or damage.

I/We further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I/We understand that if I/we change my/our mind about this Authorization, that I/we will submit another, new authorization form to the Archdiocese/School/Parish. However, my/our new authorization will not have the effect of revoking this Authorization, and the Archdiocese/School/Parish will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I/We represent that I/we have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I/We understand that the terms of this Authorization are contractual and not mere recitals. I/We am signing this document freely and voluntarily.

Parent Guardian 1 Signature: _____

Print Name: _____ Relationship to Child: _____

Parent Guardian2 Signature: _____

Print Name: _____ Relationship to Child: _____

Telephone: (_____) _____ Date: _____

**ARCHDIOCESE OF LOS ANGELES
BOUNDARY GUIDELINES AND CODE OF CONDUCT FOR MIDDLE
AND HIGH SCHOOL YOUTH WORKING OR VOLUNTEERING
WITH CHILDREN OR YOUTH**

GENERAL INSTRUCTIONS ON USE OF THIS FORM

To ensure the safety of the children and youth in the Archdiocese of Los Angeles, all youth volunteers – middle and high school students, including students who are already 18 – who work or volunteer with children/youth in co-curricular school programs or parish ministries must receive training on Boundary Guidelines before undertaking their ministry. The youth worker/volunteers must sign this Code of Conduct form to verify they understand their obligations.

The forms should be kept in the youth worker/volunteer file. It should be co-signed by a parent/guardian.

The person in charge is encouraged to provide the Boundary Guidelines training to all students and youth.

Code of Conduct for Youth Workers/Volunteers

I have agreed to work with or volunteer to help fellow students or other kids. I promise to behave as Jesus would want me to do – to treat others with respect and kindness. I understand that to help me guide my behavior, I must follow the rules in this Code of Conduct.

I understand that if I break the rules of this Code of Conduct, I may be removed from my volunteer or work assignment. My parent/guardian will be notified if I don't follow the guideline and I may be dismissed from my work or volunteer assignment. If I am dismissed, I will be sent home at the expense of my parent/guardian.

As Youth Worker/Volunteer, I will:

- Be a charitable, tolerant Christian.
- Behave according to the teachings of the Roman Catholic Church.
- Treat everyone with whom I interact with respect, patience, integrity, courtesy and dignity.
- Make sure that children or youth in my care are safe.
- Use positive reinforcement whenever possible.
- Report to an adult in charge of the program or ministry if I see, hear or suspect anything that makes me uncomfortable or that makes me think that another person is in danger or has been harmed.
- Inform the adult in charge if I sense that a younger kid is getting a crush on me.
- Dress appropriately and not wear any clothing with offensive messages or pictures.



As a Youth Worker/Volunteer, I will not:

- Do anything I know to be illegal or immoral.
- Smoke tobacco or pot.
- Use, have or share alcohol or illegal drugs.
- Verbally threaten, bully, tease or physically abuse anyone.
- Use profanity.
- Use discipline that frightens or humiliates a child/youth.
- Touch a child/youth in a sexual, overly-affectionate or other inappropriate manner.
- Sexually harass, request sexual favors from, or make sexually explicit statements to anyone.
- Participate in private visits, parties or other activities with the children/youth I am working with unless approved by the adult in charge of my program or ministry.
- Accept gifts from or give gifts to children/youth I am working with without approval from the adult in charge of my program or ministry
- Become inappropriately friendly with the children/youth I am working with through, social media (for example, Snapchat, Instagram, Facebook, Twitter) other forms of communication.

I have read and understand the Archdiocese of Los Angeles **Boundary Guidelines and Code of Conduct for Middle and High School Youth Working or Volunteering with Children or Youth.**

Print Name: _____ Position: _____

Signature of Youth Volunteer: _____ Date: _____

I have read and understand the above Guidelines, and agree to support my child in following them. I agree that I am ultimately responsible for my child's behavior, and agree to accept the consequences, which may include dismissal from the program or ministry, if my child does not follow the Guidelines.

Signature of Parent/Guardian: _____ Date: _____

