

St. Gabriel the Archangel Catholic Community
McKinney, Texas

Note: If you will turn age 18 soon, do not complete this form. Go to our web page at www.stgabriel.org under safe environment and follow the directions for the safe environment process.

Youth Code of Conduct Agreement

Name (Please Print) _____ Age _____

Address _____ City _____ Zip _____

Phone _____ Email _____

What school do you presently attend? _____

What grade will you be in, in August of this year? _____

1. I agree to treat other participants, leaders, and staff with respect. I understand that all adult leaders have the authority to discipline me, and I will abide by their decisions.
2. I will always follow the schedule and guidelines given to me.
3. I understand that alcohol, weapons, fireworks, tobacco products of any kind, illegal drugs and profane or abusive language are not allowed. (Prescription drugs must be checked and administered by an adult.
4. I agree to behave in a Christian and positive manner at all times. I further agree to dress appropriately (NO short-shorts, halter/tank tops or torn clothing.)
5. Sexual indiscretion (including inappropriate touching, language, jokes, etc.) is prohibited at all times and in all cases.
6. No participant is allowed to leave without the permission of the coordinator/director.
7. In the event of an emergency or other need to contact any participants, staff must know where I am; therefore I agree to stay on the premises and with at least one other person at all times.
8. I understand that I may be working with children and I agree to take whatever duties I am assigned seriously and responsibly, especially whenever a child's safety is concerned.
9. I understand that if I fail to adhere to any part of this "Code of Conduct" I run the risk of having my parents notified by phone or in person, and run the risk that I will be sent home if I refuse to follow the guidelines.

I have read and agree to the "Code of Conduct: described above.

Signature _____ Date _____

Please complete the consent/release form and return both to the Safety Officer at St. Gabriel the Archangel Catholic Community

St. Gabriel the Archangel Catholic Community
McKinney, Texas

Note: If your child will turn age 18 soon, do not complete this form. Your child should go to our web page at www.stgabriel.org under safe environment and follow the directions for the safe environment process.

Parental Consent/Release Form

Childs name _____ Childs date of Birth _____

TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN

I hereby authorize my child to be a volunteer for St. Gabriel the Archangel Catholic Community, McKinney, Texas. I understand that reasonable precautions will be taken to keep my child safe. I will not hold St. Gabriel the Archangel Catholic Community, members of its staff or its volunteers responsible for accidental harm or injury that may occur during any event. In case of emergency during any event, I hereby consent to and authorize the administering of treatment or medication ordered by a physician or adult for the care of my child.

Emergency Contact name _____

Emergency Contact Phone Number (s) _____

OPTIONAL

Insurance Co. Name/Phone Number _____ Policy # _____

Insurance Co. Address _____ Group # _____

Allergies or medications _____

Has your child (above-named) ever been convicted of, pleaded guilty or no contest to, been placed on probation, given community supervision, or given deferred adjudication for a crime or is he/she now under charges for any criminal offense? Yes ___ No ___

(a criminal conviction will not necessarily disqualify him/her from consideration)

The following lines are for any explanations or details that you would like to include for yes answers above.

Are you a member of St. Gabriel the Archangel Catholic Community? Yes, since _____ No _____

The information contained in this document is true and correct to the best of my knowledge.

Parent or guardian signature

Date

Youth Signature

Date

Printed Name

Printed Name

Return this form to St. Gabriel the Archangel Catholic Community Office or Mail to
St. Gabriel the Archangel Catholic Community or FAX to 972-542-7756
110 St. Gabriel Way
McKinney, TX 75071
Attn: Safety Officer

Please fill out the Youth Code of Conduct form and return it also.

Youth Volunteer Reference Information

Parish: St. Gabriel the Archangel

City: McKinney, TX

The Applicant should complete the following information:

Applicant: _____

Date: _____

The following information should be completed by the person providing the reference:

Reference Name: _____ **Telephone:** _____

(Reference must know applicant at least one year.)

Questions

1. How long have you know the Applicant? _____
2. How are you acquainted with the Applicant? _____
3. Are you aware of any reason why we should not consider this applicant? Yes No Not Sure
4. Do you consider this person dependable? Yes No Not Sure
5. Do you consider this person trustworthy? Yes No Not Sure
6. Does this person relate well with others? Yes No Not Sure
7. Would you trust this person with your children or grandchildren? Yes No Not Sure
8. Would you recommend this person for this position? Yes No Not Sure
9. Any additional comments:

Reference Signature: _____

Date: _____

Return by Fax to:

(972) 542-7756

Return by Mail to:

St. Gabriel the Archangel Catholic Community

110 St. Gabriel Way

McKinney, TX 75071

ATTN: Safe Environment Officer

Youth Volunteer Reference Information

Parish: St. Gabriel the Archangel

City: McKinney, TX

The Applicant should complete the following information:

Applicant: _____

Date: _____

The following information should be completed by the person providing the reference:

Reference Name: _____ **Telephone:** _____

(Reference must know applicant at least one year.)

Questions

1. How long have you know the Applicant? _____

2. How are you acquainted with the Applicant? _____

3. Are you aware of any reason why we should not consider this applicant? Yes No Not Sure

4. Do you consider this person dependable? Yes No Not Sure

5. Do you consider this person trustworthy? Yes No Not Sure

6. Does this person relate well with others? Yes No Not Sure

7. Would you trust this person with your children or grandchildren? Yes No Not Sure

8. Would you recommend this person for this position? Yes No Not Sure

9. Any additional comments:

Reference Signature: _____

Date: _____

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McKinney, TX 75071
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