

Chaperone Guidelines and Policies Agreement

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Home Diocese _____

Event Attending _____

Group Leader _____

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of children and/or young people? _____

If yes, please explain: _____

I affirm that the information given in this agreement is true, complete and correct. I affirm that I have been trained and approved to work with children and/or young people in accordance with the policies and procedures as outlined in my home diocese. I have read and agree to abide by all policies and guidelines of my home diocese in regard to the health and safety of minor children. Furthermore, I have read and agree to abide by all rules and policies of the Archdiocese of St. Louis Office of Youth Ministry, and my home diocese as outlined in the guidelines that I have read and discussed with my group leader in regard to providing a safe and healthy environment for the young people attending this event stated above.

Signature of Adult Chaperone

Date

I have verified and attest to the fact that the above chaperone has been trained and approved to work with children and/or young people in accordance with the policies and procedures of his/her home diocese.

Signature of Group Leader

Date