

All persons under AGE 18 that are interested in volunteering for any church or school activity, event, program or ministry at **MOTHER OF PERPETUAL HELP PARISH - GARLAND** must complete this form, have it signed by a parent, return it to the church office, AND attend a SAFE ENVIRONMENT TRAINING SESSION before they are eligible to serve.

**MOTHER OF PERPETUAL HELP PARISH - GARLAND**

**Youth Code of Conduct Agreement**

If you do NOT print and/or sign this form legibly, it will be discarded and considered as not having been completed!

Youth's Name (Please Print): \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What school do you presently attend? \_\_\_\_\_ What grade? \_\_\_\_\_

**Note: If you will turn age 18 soon, do NOT complete this form. Go to [<https://dallas.setanet.org/screening.php>] and complete the online Screening Packet.**

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. Use of cell phones, digital cameras, i-pods, computers, or any other technology in any way that is offensive or inappropriate (including taking inappropriate photographs, surfing inappropriate websites, displaying and/or sharing inappropriate pictures, videos or music, etc.) is prohibited at all times and in all cases.
6. Sexual indiscretion (including inappropriate touching, language, jokes, etc.) is prohibited at all times and in all cases.
7. No participant is allowed to leave without permission of the coordinator/director.
8. 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.
9. 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.
10. 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 I run the risk that I will be sent home if I refuse to follow the guidelines.

I have read, agree with, and will adhere to the "Code of Conduct" described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please have your parent or guardian complete the consent/release on the reverse side.***

**PARENTAL CONSENT/RELEASE FORM**

**TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN**

1. Are you members of **MOTHER OF PERPETUAL HELP PARISH – GARLAND** ? Yes, since \_\_\_\_\_ No \_\_\_\_\_

If you are NOT MEMBERS, please provide the following information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

2. Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

3. Has your child (named on page 1) 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.

\_\_\_\_\_  
\_\_\_\_\_

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

5. I hereby authorize my child named on this form to be a volunteer for **MOTHER OF PERPETUAL HELP PARISH - GARLAND** Texas. I understand that reasonable precautions will be taken to keep my child safe. I will not hold my parish, 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. My signature on this form is evidence of my consent.

Parent's printed name: \_\_\_\_\_

(If your last name is NOT the same as your child's, please note here your child's full name: \_\_\_\_\_)

Parent's signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

**Return this form ASAP to MOTHER OF PERPETUAL HELP PARISH– GARLAND**

Thầy/Cô \_\_\_\_\_ – Chương trình Việt Ngữ

**REMEMBER!** Your child must also attend a Safe Environment Training Session for Youth before serving as a volunteer.