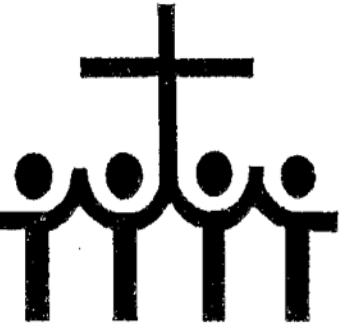


Your Name: \_\_\_\_\_

# The Church of Saint Luke

818 Main Street Stroudsburg, Pennsylvania 18360

Church Office 570-421-9097 Residence 570-421-8460



## ADULT VOLUNTEER PARTICIPATION FORM & RELEASE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact (circle one): Home Phone Cell Phone Work Phone  
Text Message Email

Do you have a Relationship to any Registered Student at the Church of Saint Luke? \_\_\_

Please list students by name and your relationship to him/her:

\_\_\_\_\_ Grade in School: \_\_\_\_\_

\_\_\_\_\_ Grade in School: \_\_\_\_\_

\_\_\_\_\_ Grade in School: \_\_\_\_\_

*Medical Matters:* I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health.

*Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment at my expense. In the event of an emergency contact:

Name & relationship: \_\_\_\_\_

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

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Name: \_\_\_\_\_

*Medical Insurance Information:*

Health Plan Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ I.D. #: \_\_\_\_\_

*Specific Medical Information:* The Church should be aware of the following medical conditions.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_  
\_\_\_\_\_

Physical limitations or other special medical conditions: \_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT**

**Confidential Information:** Confidential Information shall, for purposes of this Agreement, be defined in the broadest manner possible and shall include but shall not be limited to: all information or records (written, electronic or verbal) that may be protected from disclosure by federal or state law and/or which may be personal and confidential to the parish, to the pastor, to individual parishioners; to employees or to volunteers concerning, without limitation, such things as: operational information, legal information, information concerning contributions or donations, religious or spiritual records personal to a parishioner, educational records, health records, insurance records, employment or benefit records, financial records, or any other information that a *reasonable* person would consider proprietary, personal or confidential and of a type that should not be shared with others. This definition *shall specifically exclude mandatory reporting requirements under any state or federal laws or regulations particularly those for the protection of children.*

Keeping the above definition of Confidential Information in mind, I understand and agree as follows:

1. During the course of my work for the Church of Saint Luke, I may be exposed to Confidential Information.
2. Confidential Information will not be reproduced, distributed or disclosed by me to any unauthorized persons and will not ever be the subject of conversation which could be inadvertently overheard other than as may be needed to conduct the business of the Church of Saint Luke or my assigned duties as employee or volunteer.
3. I will keep all such Confidential Information strictly confidential and I will not utilize or share or exploit such information for any unauthorized purpose. If I am uncertain whether some information falls within the definition of Confidential Information, I will not

Your Name: \_\_\_\_\_

disclose same unless and until I receive explicit permission to do so from The Church of Saint Luke.

## **SOCIAL MEDIA / EXTERNAL COMMUNICATIONS AGREEMENT**

**External Communication**, shall, for purposes of this Agreement, be defined in the broadest manner possible and shall include but shall not be limited to: any public representation of The Church of Saint Luke to parishioners as well as the greater community via any method including but not limited to the parish website, print or electronic media (i.e. newspapers, newsletters, television, radio, internet), social media/networking via the Internet (i.e. Facebook, Twitter, blogs, et cetera), written communication on Church of Saint Luke letterhead, email from the Church of Saint Luke domain and any other method used to communicate about the business or activities of the Church of Saint Luke.

Keeping the above definition of External Communication, in mind, I understand and agree as follows:

1. I understand that the staff of The Church of Saint Luke and authorized volunteers (where applicable) have the sole responsibility for editorial policies governing External Communications. During the course of my work for the Church of Saint Luke, I will assure that any External Communication I make is authorized, is true/fact based, and provides accurate information and portrays The Church of Saint Luke in a positive manner.
2. I will not use External Communication for partisan political messages, representation or endorsement of any political candidate, party, or campaign. I will not use any External Communications to promote any activity resulting in financial gain for myself or for any staff member, parishioner, or business, with the exception of sponsored advertising or fund-raising approved by the Church of Saint Luke.
3. I understand that The Church of Saint Luke has one authorized website: [www.ChurchofSaintLuke.org](http://www.ChurchofSaintLuke.org) and one authorized Facebook Page: [Church of Saint Luke, Stroudsburg](#). Unauthorized websites, blogs, social network sites, direct mailings, *using the parish name and/or logo or purporting to be official communications from The Church of Saint Luke* are not permitted and I will not engage in same.

## **ASSUMPTION OF RISK**

I assume all risks of my volunteer participation. With full knowledge of the risks, I, on behalf of myself and on behalf of my family, heirs, successors and assigns, agree to release and to hold harmless and defend The Church of Saint Luke, the Diocese of Scranton, Bishop Bambara, and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip, program or activity (all of

Your Name: \_\_\_\_\_

whom are collectively referred to as the Diocese) from claims from or related to my participation in or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith unless such claim arises from the gross negligence or intentional conduct of the Diocese.

I understand that in order to volunteer with children, I must have an up to date Pennsylvania State Police Criminal Record Check and Pennsylvania Department of Public Welfare Child Abuse History Clearance on file with the Church Office. I must sign and agree to the Diocese of Scranton Code of Pastoral Conduct. I understand that I must also participate and complete a short course in VIRTUS Training. VIRTUS is a "best practices" program designed to help prevent wrongdoing and protect children within religious organizations.

I understand that I am responsible for assuring that all information on this form remains current and updated.

This form will be shared with leaders of Youth Activities and Religious Education and office personnel who have or will sign a Confidentiality Agreement. The undersigned hereby releases The Church of Saint Luke and the Diocese of Scranton, all employees and volunteers, from any legal responsibility or liability in connection with the information I have provided herein and I waive all rights with respect to *the good-faith uses of my protected information for my benefit or for the business of The Church of Saint Luke* under Federal or State Laws including the Health Insurance Portability and Accountability Act of 1996, as amended (otherwise known by the acronym "HIPAA"). The Church of Saint Luke and the Diocese of Scranton is authorized to make photocopies of this document as frequently and in such quantity as they shall deem appropriate. All photocopies shall have the same force and effect as any original.

I have read carefully this entire Adult Volunteer Participation Form and Release and agree to its terms and intend to be bound hereby.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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Your Name: \_\_\_\_\_

*In the event you are ever driving to/from an event sponsored by our Parish or Diocese in your volunteer capacity, please ALSO fill out the following section:*

**VOLUNTEER DRIVER INFORMATION**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VOLUNTEER VEHICLE INFORMATION**

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Name of Owner: \_\_\_\_\_ Model of Vehicle: \_\_\_\_\_  
Address of Owner: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_  
License Plate #: \_\_\_\_\_

*Note: If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.*

**VOLUNTEER VEHICLE INSURANCE INFORMATION**

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Insurance Company: \_\_\_\_\_ Liability Limits of Policy: \_\_\_\_\_

**(Please note: minimal, acceptable liability limit for privately owned vehicles is \$100,000 per person/\$300,000 per occurrence)**

Policy #: \_\_\_\_\_ Policy Expiration date: \_\_\_\_\_

**Please be aware that as the driver of this vehicle, your insurance is primary.**

**VOLUNTEER DRIVING RECORD CERTIFICATION**

- 1). I certify that I am 21 years of age or older and that I have a valid, non-probationary driver's license and that I do not have any physical disability that could in any way impair my ability to drive the vehicle safely.
- 2). I certify that I have NOT had a conviction for any of the following violations in the past ten years:

Your Name: \_\_\_\_\_

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Driving under the influence of alcohol or drugs  
Hit and Run  
Failure to report an accident  
Negligent homicide  
Operating a Motor Vehicle during a period of suspension or revocation  
Using a Motor Vehicle for the commission of a felony  
Operating a Motor Vehicle without authority (grand theft)  
Permitting an unlicensed person to drive  
Reckless Driving  
Speed Contest (drag racing)

- 3). I certify that my driving record does not include more than two accidents and/or moving violations (including driving over the speed limit) in the past five years.
- 4). I certify that my vehicle has a valid and current registration and valid and current license plates.
- 5). I certify that my auto insurance has at least the following liability limits \$100,000 per person/\$300,000 per occurrence.

**Certification**

*To the extent I use my vehicle, in my volunteer capacity, to transport myself or others to events sponsored by the parish or the Diocese, I represent that ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT and that I will update this information, as needed, I have a good driving record with no significant history of moving violations (as set forth above). I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

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Signature

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Date