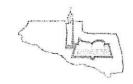


DIOCESE OF BROWNSVILLE Office of Catechesis



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Parish:

Church personnel will exhibit the highest Christian ethical standards and personal integrity

Church personnel will conduct themselves in a manner that is consistent with the discipline and teachings of the Catholic Church.

Church personnel shall provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.

Church personnel will avoid taking unfair advantage of a helping relationship for their own benefit.

Church personnel will not physically, sexually or emotionally mistreat or neglect a minor or adult.

Church personnel will share concerns about suspicious or inappropriate behavior with their pastor, their catechetical leader, principal, Vicar General or the Bishop.

Church personnel will report any suspected abuse or neglect of a minor to the Texas Department of Family and Protective Services.

Church personnel will accept their personal responsibility to protect minors and adults from all forms of mistreatment

Areas of Importance to Catechists

Church personnel should not transport minors unless written permission from parents/guardians has been obtained.

Church personnel should not use any form of physical discipline when correcting inappropriate behavior of a minor. This includes spanking, slapping, pinching, hitting or any other physical force.

Church Personnel should never use language which is sarcastic or calculated to bring ridicule on the child or his/her parents.

Church personnel should never compromise their position when showing affection to a minor. The following are considered appropriate forms of showing affection to a minor: side hugs, pats on the shoulder or back, handshakes, hand slapping, verbal praise, touching hands, faces, heads, shoulders, and arms, holding hands while walking with small children, sitting beside small children, kneeling or bending down for hugs with small children, holding hands during prayer and pats on the head when culturally appropriate.

Church personnel should respect confidentiality in both verbal and written communication regarding the right of a person to a good reputation and a person's right to privacy. Personnel files, students' records, application information, performance appraisals, disciplinary measures, as well as information given by parents are to be protected from disclosure.

Acknowledgement

I have attended an educational seminar that explains the Policies, Procedures and Guidelines for Ethical and Responsible Conduct in Ministry adopted by the Diocese of Brownsville. I understand the policies and voluntarily agree to abide by these policies and conduct myself in complete accordance with them.

Please print:		
Name: _		Date:
Position:	The state of the s	
Signature: _		





AINT FRANCIS XAVIER

CATHOLIC CHURCH

P.O. Box 116/ 502 S. Canal St., La Feria, TX 78559 Phone #: (956) 797-2666/ Fax: (956)797-3387 Website: stfrancisxavierlaferia.org

COMMUNICATION CONSENT AND GUIDELINES FORM FOR CATECHISTS WITH PARENTS

Please print and write legibly
Parish:
City:
Catechist's Name:
Phone #
YES NO, I give my consent to use my own personal cellphone/telephone # to communicate with parents from St. Francis Xavier who have children in faith formation/sacrament preparation classes.
YESNO, I give consent for parents from St. Francis Xavier who have children in faith formation/sacrament preparation classes to call me on my own personal cellphone/telephone #.
YES NO, I will adhere to the following communication guidelines: • For students in grade K through 6 all communication will be directed to the parents.

- For students in grades 7 through 12 all communication will be directed to parents. The only
 exception is when the student wants to ask his/her catechist a question. The catechist is to
 make sure both the student and parent are on the telephone line or video call at the same time
 when the student is going to ask his/her question. Catechists are only to answer the student's
 question. No additional prompting by the Catechist should be done to engage the student in
 - further conversation.





YES NO, I remain legally responsible	for my own personal actions.
its officers, directors, employees and agents, and the Faith Formation and/or at home/ in person Sacramen with cost/fees incurred, damage of personal property, treatment in connection therewith, and I agree to com the Diocese of Brownsville, its employees and agents	and assigns to hold harmless and defend St. Francis Xavier, a Diocese of Brownsville associated with at home/in person at Preparation from any claim arising from or in connection, any illness or injury (including death) or cost of medical appensate the parish, its officers, directors and or agents, and and chaperones, or representative associated with the hich may incur in any action brought against them as a result om the negligence of the parish/dioceses.
Catechist Signature:	Date:

ADULT LIABILITY WAIVER

Each adult participant, volunteer, driver, group leader and chaperone, must sign this form.

Parish/School: Church	St. Francis Xavier
Nature of Activity	r: Catechist
Date:	
Duration:	
	RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT & MEDICAL RELEASE
Ι,	, agree on behalf of myself, my heirs, assigns,
	onal representatives, to hold harmless, and defend St. Francis Xavier Church, Parish/School Name
the Diocese of Brov	vnsville, its officers, directors, agents, employees and representatives
("Releasees") assoc connection with my	iated with the Activity from any all liability claims, injury, loss and damage arising from or in participation in the Activity.
whatsoever arising	o hold Releasees harmless and indemnify Releasees for any claim or cause of action out of the above Activity which takes place during the above identified dates that is brought y myself or my family members, heirs, assigns, executors and personal representatives.
	hat participation in the described activity involves danger and risk of injury. The inherent d and voluntarily assumed.
to communicate my	EDICAL TREATMENT: In the event that I should require medical treatment and I am not able desires to attending physicians or other medical personnel, I give permission for the necessary at to be administered. Please advise the doctors that I have the following allergies and/or other
In case of an emers	gency and for permission for treatment beyond emergency procedures, please contact:
Name:	
Relationship to me:	N' 1// 1
Daytime Fnone.	Night time phone:
Health Insurance Ca	rrier:
Insurance ID Numb	er: Insurance Policy Number:
UNDERSTAND I	THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY ING MY ACCEPTANCE OF THESE PROVISIONS.
Signature	Date
Pay 1/2020	

