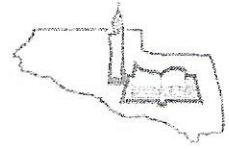




DIOCESE OF BROWNSVILLE

Office of Catechesis



Parish: _____

Code of Ethics

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.

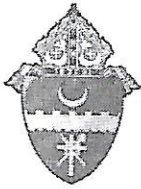
Please print:

Name: _____

Date: _____

Position: _____

Signature: _____



DIOCESE OF BROWNSVILLE
BACKGROUND CHECK
AUTHORIZATION FORM

Office of Catechesis

Parish: _____

Name: _____
Last First Middle

Other Names Used: _____

Required:

Date of Birth: _____ / _____ / _____ Sex: M - F
Month Day Year

Optional: *(Used to rule out other matches)*

Social Security Number: _____ - _____ - _____

Driver License: _____
State Number

Please list counties and states where you have lived if you have lived outside of Texas within the past ten years.

| State | County |
|-------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby grant to the Diocese of Brownsville permission to complete a Criminal Background Check, and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature: _____ Date: _____

Return Authorization Form to:

OFFICE OF CATECHESIS
700 VIRGEN DE SAN JUAN
SAN JUAN TX 78589-3030

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Name of Parish: _____

City: _____

Signature of Applicant or Employee

Date

CDOB - Office of Catechesis

Agency Name (Please print)

Luis Espinoza / Rosa G. Gonzalez

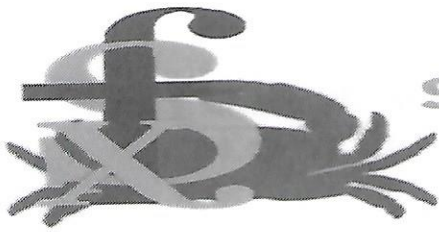
Agency Representative Name (Please print)

Signature of Agency Representative

Date

| | |
|--|------------------------------|
| Please: | |
| Check and Initial Each Applicable Space | |
| CCH Report Printed: | |
| YES _____ | NO _____ initial |
| Purpose of CCH: _____ Volunteer _____ | |
| Empl _____ | Vol/Contractor _____ initial |
| Date Printed: _____ | _____ initial |
| Destroyed Date: _____ | _____ initial |
| Retain in your files | |

Rev. 09/2013



**SAINT 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: _____

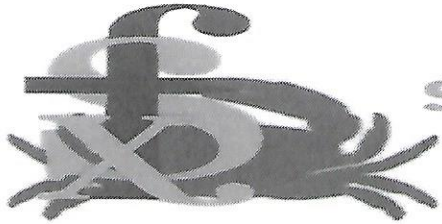
Phone # _____

___ 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.

___ YES ___ NO, 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.



SAINT FRANCIS XAVIER
CATHOLIC CHURCH

___ YES ___ NO, I remain legally responsible for my own personal actions.

I agree on behalf of myself, or our heirs, successors, and assigns to hold harmless and defend St. Francis Xavier, its officers, directors, employees and agents, and the Diocese of Brownsville associated with at home/in person Faith Formation and/or at home/ in person Sacrament Preparation from any claim arising from or in connection with cost/fees incurred, damage of personal property, any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and or agents, and the Diocese of Brownsville, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from 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: St. Francis Xavier
Church _____

Nature of Activity: Catechist _____

Date: _____

Duration: _____

**RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT
& MEDICAL RELEASE**

I, _____, agree on behalf of myself, my heirs, assigns,
Print Full Name
executors, and personal representatives, to hold harmless, and defend St. Francis Xavier Church,
Parish/School Name
the Diocese of Brownsville, its officers, directors, agents, employees and representatives
("Releasees") associated with the Activity from any all liability claims, injury, loss and damage arising from or in
connection with my participation in the Activity.

Further, I AGREE to hold Releasees harmless and indemnify Releasees for any claim or cause of action
whatsoever arising out of the above Activity which takes place during the above identified dates that is brought
against Releasees by myself or my family members, heirs, assigns, executors and personal representatives.

I UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent
danger is understood and voluntarily assumed.

EMERGENCY MEDICAL TREATMENT: In the event that I should require medical treatment and I am not able
to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary
emergency treatment to be administered. Please advise the doctors that I have the following allergies and/or other
health conditions:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Daytime Phone: _____ Night time phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

**I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I
UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY
NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.**



Signature

Date