

2018 Witness to Life Instructions for Parish/School Leader

- Promote the event
- Register for and attend the 2018 Witness to Life Webinar on October 12th at 7:00 pm.
- Collect and record registrations, deposits, and room assignments for minors and adult chaperones

Minors must complete:

- Minor Waiver
- Code of Behavior

If applicable, minors and their parents/guardians should complete:

- Financial Aid Application

Adults must complete:

- Adult Waiver
- CORI Form

- By November 22nd, submit financial aid applications.
- By December 1st, submit registration, deposit, and room assignments.
- By December 21st, submit remaining balance and final name and/or room assignment changes.

2018 Witness to Life Terms and Conditions

Deposit and Final Payment

A \$60 per person **deposit is required by Dec. 1st, 2017. One group deposit from your school/parish/family** should be made payable to “Office of Lifelong Faith Formation” with “2018 Witness to Life” in the memo and mailed to: Office of Lifelong Faith Formation | Attn: Witness to Life | 66 Brooks Dr. | Braintree, MA 02184.

If the deposit is not received by the aforementioned date, the group will lose all of its reserved spots. **Full payment is due to the Pastoral Center at the address above by Dec. 21st, 2017.** If full payment is not received by the aforementioned date, the Archdiocese of Boston reserves the right to cancel your reservation.

Cancellations, Changes, and Refunds

After Dec. 1st, 2017, your deposit becomes non-refundable. You may cancel your reservation at any time until Dec. 1st, 2017 without penalty. **After Dec. 21st, 2017, you may not make any name changes or substitutions of any kind for individuals listed as registered.** All changes, cancellations, or refund requests must be made in writing and submitted to WitnesstoLife@rcab.org by the listed due date. Changes, cancellations, or refund requests will not be accepted over the phone.

Financial Aid Applications

Each application is due by Nov. 8th, 2017. Late submissions will be considered at the discretion of the review committee. To successfully submit an application, each child must complete the form with the necessary signatures and email it to WitnesstoLife@rcab.org or mail to: Office for Lifelong Faith Formation | Attn: Witness to Life | 66 Brooks Drive | Braintree, MA 02184. The leader may submit his/her youths' forms all together but they must be filled out by the child and parent first. The Archdiocese of Boston cannot guarantee that each person will receive the amount requested, but will work diligently to properly allocate the available funds. All applicants will receive a decision prior to the December 1st deposit/registration deadline.

Rooming Lists and Requests

All rooming lists which are part of the Excel registration form are due by Dec. 1st, 2017 along with the group's deposit. The Archdiocese of Boston will do its best to honor the requests made, but due to room configurations and group numbers may need to make alterations to the requests to be good stewards of the resources at hand. The registration/rooming list can found at <http://www.bostoncatholic.org/witnesstolife/>.

Release/Consent and Code of Behavior Forms

Each group leader is responsible for the completion and submission of the required forms for both students and chaperones by Dec. 21st, 2017. The Release/Consent form must be submitted electronically to WitnesstoLife@rcab.org. If your file(s) is/are too large to send via email, please compress it into a zip file. See instructions [here](#). **Please keep the Code of Behavior for your own records** since your parish/school is ultimately responsible for the behavior of your participants.

VIRTUS and CORI

It is the sole responsibility of each group leader to ensure that all the adult chaperones, traveling with their group, have been CORI checked within the last year by their school or parish. Chaperones must also have undergone the required VIRTUS Training. Failure to comply will result in the immediate dismissal of the adult who has not met those requirements from the trip. When registering adult chaperones please have them use their full legal name, include any maiden name if recently married, and make note of which parish/school and the city/ town they have been CORI checked and VIRTUS Trained. Without this accurate information, we cannot easily verify their status.

**Archdiocese of Boston
Parental/Guardian Form for a Child under 18**

RELEASE AND INDEMNIFICATION AGREEMENT

I, the lawful parent or guardian of _____ ("my child", which as used below shall include any and all of my aforementioned children participating in the below event and activities), on behalf of myself and my child, irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Archbishop of Boston, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof (**collectively, "RCAB"**), from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by my child and/or myself while participating in or traveling to or from, or in any way arising out of, the following event or activity: **Witness to Life Pilgrimage in Boston, MA/Washington, DC on January 18-20, 2018** and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my child's or my negligent or wrongful act or omission.

I agree to instruct my child to cooperate with and follow the rules of the event or activity referenced above and any instructions of the RCAB. In the event my child does not cooperate with or follow same I agree that my child shall withdraw from the event or activity referenced above and that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from the event or activity referenced above to my home, if so requested by RCAB.

MEDICAL AUTHORIZATION

I appoint RCAB or its agents as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB be expected to act if I were personally present, with respect to any injury, illness or medical emergency occurs during the activity.

I authorize RCAB or its agents to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for the best interest of my child/ward. I understand that RCAB through its agents will make a reasonable attempt to contact me as soon as reasonably possible in the event of medical emergency involving my child/ward.

The release/indemnification/defense provisions above shall apply to any such decision or action.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to RCAB, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my child/ward's welfare and health. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence.

This power of attorney shall lapse automatically upon completion of the activity listed above that my child/ward is participating in or attending and related activities, and travel if any, and the return of my child/ward to me or my designee. Any revocation of such powers and authority shall not affect any other provision of this Release and Indemnification Agreement, each of which shall continue in full force and effect.

I understand and agree that RCAB is not and shall not be responsible for assuring that my child/ward takes any medication, prescription or otherwise, which may be indicated for my child/ward. There are no medical

conditions, nor any life threatening allergies to foods or medicines, that would limit my child/ward's full participation in the activity or require any special precautions except as I list here:

List any current medications and dosage (prescription and over-the-counter) that the RCAB might need to know about should an emergency arise here:

If any change occurs in the information which I have provided with respect to emergency contacts or medical information I shall provide immediate written notification of such change to the RCAB.

As evidenced by my signature below, RCAB and/or an agent thereof may use my child/ward's portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and I hereby release, indemnify and agree to defend under the provisions above the RCAB and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

By signing below, I verify that I have carefully read and understand this statement and that I am signing it freely and voluntarily in consideration of the RCAB's agreement to allow my child/ward to participate in this voluntary activity, trip or event, and as an inducement to the RCAB to permit such participation, without which it would not do so. I request that my child/ward be allowed to participate in the above-referenced activity, trip or event.

Signature of Parent or Guardian: _____ Date _____

Signature of child: _____ Date _____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form: _____

Name of child: _____

Date of Birth of child: _____

Complete Address: _____

City, State, Zip Code: _____

Phone – Work: _____ Home: _____ Cell: _____

#1 Emergency Contact (other than yourself): _____

Relationship _____

Phone - Work: _____ Home: _____ Cell: _____

Family Doctor's Name: _____ Phone: _____

Child's Health Insurance Provider: _____

Membership Number: _____

Name of Parish/School & Town: _____

2018 Witness to Life Code of Behavior

Welcome to the 2018 Witness to Life pilgrimage! We are glad that you will be sharing this experience with us in Washington, DC. We know that you will represent your school and parish well during the three days of the pilgrimage and expect that you will display mature and responsible leadership.

We want you to know what our expectations are for you. Please read these items over carefully. Crafted in light of our years of experience, these rules will ensure that the Witness to Life experience is enjoyable and profitable for all. Please note that all participants will be expected to live by these regulations during the trip.

Rules and Regulations:

1. School and parish leaders are responsible for the actions of their participants. Each school and parish will take full responsibility for any damage or theft done by members of their group during the Witness to Life program.
2. We look to the adult leaders in each group to help implement this code of behavior. Please respect these adults as they fulfill their role.
3. Participants are expected to attend all activities designated by the Archdiocese of Boston on this pilgrimage.
4. No visiting is allowed in hotel rooms by members of the opposite sex. The Purple Rule will be in effect (Girls (Pink) + Boys (Blue) = Purple).
5. All participants must stay in their respective rooms during the hours assigned for sleep.
6. The purchase, possession, or consumption of any alcoholic beverage and the possession or use of any illegal drugs by any individual will not be tolerated.
7. Whenever the schedule calls for small group activities, each participant must be with the leader(s) and members of his or her parish or school group.
8. All participants will be expected to observe the rules of the Renaissance Capitol View Hotel in Arlington, VA; or any other venue we visit.
9. In the unlikely event that a behavior problem, based on the above rules, requires extreme action, immediate dismissal from the pilgrimage will result at the expense of the participant's parent/guardian.
10. Smoking will not be permitted by anyone on the Witness to Life pilgrimage.

As a member of my school or parish, I understand and agree to abide by the 2018 Witness to Life Code of Behavior. I also understand and agree that I will notify my parent(s) or guardian(s) at the time of any infractions requiring my dismissal from the Witness to Life program. In that circumstance, I understand and agree that I will be sent home at my own or my parents' or my guardians' expense.

Print Name of Youth _____

Signature of Youth Participant: _____ Date: _____

Print Name of Parent/Guardian _____

Signature of Parent/Guardian: _____ Date: _____



Please provide all requested information so we can better understand your need. Incomplete forms will not be considered. Completion of this form is not a guarantee of financial aid. Forms are due by November 22, 2017 to witnesstolife@rcab.org.

Name:	
Parent/Guardian Name:	
Address:	
Parent/Guardian Phone Number:	Parent/Guardian Email Address:
Please explain why you would like to participate in the Witness to Life pilgrimage.	
Please explain why you are in need of financial aid for this pilgrimage.	
Amount your family can pay:	Signature of Parent/Guardian
Amount your parish/school can pay:	Signature of Parish/School Leader
Amount of financial aid requested:	
If you do not receive financial aid, will you still attend?	Yes No

Archdiocese of Boston
Adult Participation Form (for those 18 years of age and older)

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, hereby irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Archbishop of Boston, a Corporation Sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof (**collectively, "RCAB"**), from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by myself while participating in or traveling to or from, or in any way arising out of, the following event or activity: **Witness to Life Pilgrimage in Boston, MA/Washington, DC on January 18-20, 2018** and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my negligent or wrongful act or omission.

I agree to cooperate with and to follow the above-referenced event's or activity's rules and any instructions of the RCAB. In the event I do not cooperate with or follow same I agree to withdraw immediately from the event or activity referenced above and to refrain from attending any further event or activity-related events, if so requested by RCAB.

MEDICAL AUTHORIZATION

In the event of my inability to do so on my own, and only for so long as my spouse or duly appointed health care agent is unavailable or unable to act or communicate on my behalf, I appoint RCAB as my lawful attorney-in-fact, to act for me in my name and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB, be expected to act if I were not so incapacitated, with respect to any injury, illness or medical emergency occurs during the activity.

I authorize RCAB to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as the RCAB acting as my attorney-in-fact shall deem necessary or appropriate for my best interest. I understand that RCAB through its agents will make a reasonable attempt to contact my spouse or duly appointed health care agent as soon as reasonably possible in the event of injury, illness or medical emergency involving me.

The release/indemnification/defense provisions above shall apply to any such decision or action.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to RCAB, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my welfare and health and revoking this authorization. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence.

This power of attorney shall lapse automatically upon completion of the event or activity I am participating in or attending and related activities, and travel if any. Any revocation, termination or lapse of such powers and authority shall not affect any other provision of this Release and Indemnification Agreement, each of which shall continue in full force and effect.

There are no medical conditions, nor any life threatening allergies to foods or medicines, that would limit my full participation in, or attendance at, as the case may be, the activity, nor require any special precautions except as I list here:

List any current medications and dosage (prescription and over-the-counter) that the RCAB might need to know about should an emergency arise here:

If any change occurs in the information which I have provided with respect to emergency contacts or medical information I shall provide immediate written notification of such change to the RCAB.

As evidenced by my signature below, RCAB and/or an agent thereof may use my portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and I hereby release, indemnify and agree to defend under the provisions above the RCAB and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

By signing below I verify that I have carefully read and understand this statement and that I am signing it freely and voluntarily in consideration of the RCAB's agreement to allow me to participate in this voluntary activity, trip or event, and as an inducement to the RCAB to permit such participation, without which it would not do so. I request that I be allowed to participate in the above-referenced activity, trip or event.

Signature of participant: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form: _____
Date of Birth: _____
Complete Address: _____
City, State, Zip Code: _____
Participant's Phone – Home: _____ Cell: _____
#1 Emergency Contact Name: _____
Relationship: _____
Emergency Contact Phone - Home: _____ Work: _____ Cell: _____
Duly Appointed Health Care Agent Name (*if different from above and if any*): _____
Health Care Agent Phone – Home: _____ Work: _____ Cell: _____
Family Doctor Name: _____ Phone: _____
Health Insurance Provider: _____
Membership Number: _____
Parish/School and Town: _____



ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAINTREE, MASSACHUSETTS 02184-3839

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Archdiocese of Boston, Office of Background Screening is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, or volunteers.

As a prospective or current employee, subcontractor or volunteer I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Archdiocese of Boston, Office of Background Screening to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Archdiocese of Boston, Office of Background Screening, with written notice of my intent to withdraw consent to a CORI check.

The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Archdiocese of Boston, Office of Background Screening must first provide me with written notice of this check.

SIGNATURE

DATE

Please Check One:

- Priest Deacon Seminarian Paid Parish Staff Pastoral Center
 Parish Volunteer - Ministering Directly to Children or Having Potential for Interaction with Children
 Parish Volunteer – Ministering to Elderly
 Educator School Staff School Volunteer Contractor

Position as employee or volunteer _____

Agency/Parish/School Submitting CORI (Please include City or Town.)

New a FY18 NEW CORI – (I did not complete a CORI last year.)

Renewal a FY18 RENEWAL CORI – (I did complete a CORI last year.)

Subject Information: (An asterisk (*) denotes a required field)

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

* Maiden Name (if applicable): _____

* Former Last Name 2: (if applicable): _____

* Former Last Name 3: (if applicable): _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

* Driver's License or ID Number: _____ * State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

* Apt. # or Suite: _____ * City: _____ * State: _____ * Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee *Date*