



Catholic Diocese of Richmond

Summer Work Camp

ADULT Registration Form – Work Camp 2025

Please complete the registration form and return it to your parish contact for Work Camp.

ADULT PARTICIPANT INFORMATION

Name: _____ First Name for Name Badge: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Sex: _____ Birthday: _____ Adult T-Shirt Size: _____

Medical Training: I am a doctor. I am a nurse. I am a dentist. I am an EMT. Other _____

SAFE ENVIRONMENT

All adults who participate in a youth event sponsored by the Office for Evangelization must be in compliance with the Diocesan Safe Environment Policies. Please indicate your dates for the following:

Date of VIRTUS Training: _____

Are you employed by a parish or Catholic school in the Diocese of Richmond? _____

Print your entire legal name: _____

ADULT CHAPERONE SKILLS AND EXPERIENCE

There is no need to be experienced with home improvement to be a participant at Work Camp. However, if you have any home improvement skills and experience please list below.

Have you attended a Work Camp or mission trip as a youth or adult? If yes, please explain:

EMERGENCY CONTACT INFORMATION

Name: _____

Contact Number: _____

Relationship to Chaperone: _____



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Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

*In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.*

Does the participant have any dietary restrictions?

YES NO

Select any restrictions that apply to this participant:

Gluten-free **Peanut-free**
 Vegetarian **Dairy-Free**

Is the participant allergic to anything?

YES NO

List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances, etc.):

Is the participant currently taking or has taken any prescription medication in the last 6 months?

YES NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?

YES NO

List any **emotional conditions** that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

List any **physical and/or sensory conditions** of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

Has the participant received a tetanus shot?

YES NO

List the date of the last tetanus shot, if known:

RELEASE OF LIABILITY AND MEDICAL RELEASE

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Catholic Diocese of Richmond, its officers, directors, agents, employees, or representatives associated with this event from any and all liability, loss or damage arising from or in connection with my participation in this diocesan event.

Furthermore, I hereby warrant that to the best of my knowledge, I am in good health and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor or that my emergency contact be notified prior to any further treatment. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Chaperone Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or videos of the above-named participant engaged in activities related to any diocesan event to be used in publications, social media, and/or websites of the Diocese of Richmond. If there is a concern with this policy, please contact the Office for Evangelization upon submitting registration.

YES NO Chaperone Signature: _____ Date: _____



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ADULT CHAPERONE CODE OF CONDUCT

Basic Role of Chaperones

The Office for Evangelization depends on the Chaperones to help facilitate order and to serve as a network of support for the youth. It is important that the Chaperones be an example of obedience and cooperation with the following policies as well as with our staff and volunteers on site. Because of the physical demands of Work Camp, it is necessary that Chaperones be in good health. It is a very intense week and can be exhausting both physically and spiritually. Because of these conditions, it is not recommended that those with health problems participate as Chaperones.

Chaperones should be constantly assessing the youth in their group to be aware of any special needs. They should feel comfortable talking and sharing with the youth. Adults should also be willing to pray with the youth in their group. Adult Chaperones are responsible for their students at all times.

Duties of a Chaperone

Adults must read, sign, and return this sheet with the Medical Information and Release form. Please be sure that you understand and abide by these policies.

A Chaperone's responsibilities include, but are not limited to, the following areas:

1. Alcohol, Drugs, and Smoking

- ✓ All state laws concerning alcohol and drugs will be strictly enforced.
- ✓ Possession and/or consumption of alcohol or drugs are not permitted on site during the event.
- ✓ All event site buildings are smoke-free facilities.

2. Appropriate Dress

- ✓ All participants are expected to dress in a fashion that represents modesty, respecting other participants and our Lord.
- ✓ Clothing must cover all undergarments and midriffs. Participants must wear shirts at all times.
- ✓ The Group Leader and Chaperones are expected to communicate these expectations to the youth before the event and enforce the dress code at all times.

3. Participation

- ✓ It is expected that all participants (youth, chaperones, group leaders) will be present at scheduled sessions during the event, and in appropriate places following the evening sessions.
- ✓ At no time should a youth participant leave the event site (Homebase and Work Sites) without an adult. Adults are strongly discouraged from taking youth off site, except in the case of an emergency.
- ✓ It is to be understood that the said adult takes full responsibility for a youth once off the event site grounds.

4. Housing

- ✓ Chaperones are responsible for making sure that teen participants are in their rooms at curfew time.
- ✓ We are guests at the facility. We ask that it is left in better condition than it is found.
- ✓ Youth should **at no time** be in the room of a member of the opposite sex.
- ✓ An atmosphere of quiet and respect is expected following the lights out time. Violators will be subject to appropriate discipline.

5. Insubordination

- ✓ It is expected that youth and adults will follow the direction of all Office for Evangelization staff and volunteers.
- ✓ Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to appropriate discipline.
- ✓ The first and primary method of dealing with discipline problems will be to work through the Group Leader.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in the Office for Evangelization dismissing me from the Diocesan Work Camp, including me forfeiting my registration fee.

Signature: _____

Date: _____

Printed Name: _____

Parish: _____