

## PARISH Adult Field Trip Questionnaire and Liability Waiver

Name _____	Parish _____	Position _____
Home Address _____		
City/State/Zip _____		
Telephone (home) _____	(work) _____	(e-mail) _____
Emergency Contact _____		Phone _____
Allergies/special medical conditions _____		
Medical Carrier/Policy # _____		

Sexual misconduct by personnel (including officers, employees, lay volunteer, clerics, and religious personal) of the **ARCHDIOCESE OF HARTFORD** while performing the work of \_\_\_\_\_ (**Parish**) is contrary to Christian principles and is outside the scope of the duties and employment of all personnel. Therefore all personnel who are involved in the field trip must answer the following questions:

- Has a civil or criminal complaint ever been filed against you alleging drug, alcohol, physical or sexual abuse or misconduct? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of drug, alcohol, physical, or sexual abuse or misconduct? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you ever received any medical treatment, physical or psychological, for reasons involving drug, alcohol, physical, or sexual abuse or misconduct? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to any question above attach a separate sheet of paper giving a short explanation.

List three persons (not family members) who can provide references relating to your fitness for working with young people.

Name	Home phone	Street address City/State/Zip

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the **ARCHDIOCESE OF HARTFORD** and \_\_\_\_\_ (Parish). I also agree on behalf of myself, my heir, assigns, executors, and personal representatives, to hold harmless and defend the above named entities, its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss, or damage arising from or in connection with my participation in this field trip.

Signature \_\_\_\_\_

Date \_\_\_\_\_