

ARCHDIOCESE OF AGANA

REQUEST FOR APPROVAL:

OVERNIGHT STAYS/OFF ISLAND TRAVEL/OFF-SITE WITH CHILDREN

This form must be submitted as far in advance as possible (at least 6 weeks) to the appropriate person:

For parish youth ministry events, to the Pastor and the Safe Environment Office.

For schools, to the Pastor, if applicable, and the Superintendent of Catholic Education.

For all other categories, please send this form to the Safe Environment Office.

(Please attach a copy of Parish or School Event Planning and Approval Form.)

Date of Request: _____

Name of Sponsoring Parish/School/Other: _____

Name of Contact Person: _____ Phone: _____

Email address: _____

Type of Activity(ies): _____

Please check one: Overnight Stay Off Island Travel Off-site Event

Date(s): _____ Place: _____

What is the purpose of the event? Please attach appropriate documents (For example: itinerary, program, agenda)

What type of sleeping accommodations will be used? _____

What are the ages of the children involved? Need to complete Appendix 3 Permission Waiver Form.

What will be the adult chaperones child ratio? _____

All chaperones and adults have gone through the Safe Environment Program?
Chaperones and other adults: Completed VIRTUS Online or Live Training. Official Chaperones have completed background screening (Signed BOSSA (CPS) form, police and court clearances) _____

What type of transportation will be used? (Refer to Appendix V: Transportation Policy)

What type of training/preparation will be done in advance? i.e. Meeting with parents of participants, chaperones and event volunteers _____

Please describe the communication plan while travelling off island: _____

Do all participants and chaperones have travel documentation consistent with the policy on off island travel? _____

What are your plans for access to medical treatment while off island? _____

Requirements for attachments to this request:

1. Copy of Parish or School Event Planning and Approval Form.
 2. List of the child and youth participants (name/age/gender).
 3. List of adult chaperones and volunteers (name/age/gender).
 4. If applicable, list of drivers for transportation of child and youth participants.
- *****

Signature of Contact Person: _____

Approved by:

 Pastor/Principal _____
 Date

 Superintendent of Catholic Education _____
 Date

 Safe Environment Office _____
 Date