Franciscan Ministries
Tau House

revised 8/8/19

Adult Participant Pledge of Support

We know how valuable our adult participants are to these experiences, and we thank you for your energy and dedication to the youth. It is our pleasure to partner with you. In order to have the best environment and experience for all involved, please have all adults accompanying your group review and sign this Adult Participant Pledge.

IN ADDITION, groups must provide a letter from your (arch)diocesan Safe Environment Coordinator confirming that all of your adult chaperones are in compliance with your (arch)diocesan child protection policies. *If you are not a Catholic organization, a letter from your pastor, or equivalent pastoral leader, is required.* ***Thank you!***

- I understand that to be considered a chaperone of minors, I must be at least 21 years of age.
  Groups must have at least two chaperones who are not related to each other or living in the same household.
- I understand and am in compliance with my local (arch) diocesan safe environment policies.
  Groups not affiliated with an (arch) diocese must contact the Director to provide adequate documentation for chaperones.
- I understand that as an adult participant, I maintain the primary responsibility for the youth, both at work sites, at the program facility, and in all capacities throughout the course of the Franciscan Ministries' Tau House program.
- I understand that respect for others is essential to living in community. I will model and promote this at all times.
- I understand that our parish or school will be held responsible for any damage done to the housing or work facilities by our team members.
- I understand that smoking not allowed in the Tau House, and is highly discouraged during the program.
- I will voluntarily abstain from alcohol for the duration of the Franciscan Ministries' Tau House program.
- I understand that prescription and over-the-counter medications for youth are the responsibility of the Team Leader.
- I verify that, if I am a driver for my group, I have a current license and adequate insurance. I also verify that I will not drive any minor not in my group without the express consent of their adult Team Leader.

This form is to be read and signed by all adults participating in your service week if there are <u>any</u> minors involved in your week (either in your group or sharing the Tau House with you).

Group Name: _____ **Program Dates:** _____

Team Leader:
Signature: _____ Date: _____
Printed Name: _____ Cell: _____

Additional Chaperones:
Signature: _____ Date: _____
Printed Name: _____ Cell: _____

Signature: _____ Date: _____
Printed Name: _____ Cell: _____

Signature: _____ Date: _____
Printed Name: _____ Cell: _____

Signature: _____ Date: _____
Printed Name: _____ Cell: _____

Signature: _____ Date: _____
Printed Name: _____ Cell: _____

Signature: _____ Date: _____
Printed Name: _____ Cell: _____

Please return this form to mpeeblesFranciscanMinistriesInc.org ***OR*** mail to Franciscan Ministries, 110 Compton Rd, Cincinnati, OH 45215
If you should have any questions, please contact the Director at the above email or 513-761-1967 x184