

ARCHDIOCESE OF CHICAGO

Department of Insurance and Risk



Post Office Box 1979
Chicago, Illinois 60690-1979

Phone: 312-751-8295
Fax: 312-751-8392

August 21, 2001

Re: Volunteer Safety

Dear Pastor/Principal/Business Manager:

As a not-for-profit religious institution, we rely on the time, talent and involvement of volunteers. Their involvement in activities include the daily Mass, parish / school councils, and parish sponsored activities. Without their involvement, parish activities would be limited by your ability to provide paid employees and service providers.

As a result of court rulings, it is important for parishes / schools to understand the risks involved in utilizing volunteers. Volunteers need to understand the risks they are personally exposed to and their responsibilities.

Volunteers and employees are to complete their activities in a safe, thoughtful manner. Volunteers are not to engage in hazardous activities, which include electrical wiring, mechanical and plumbing, activities involving ladders or scaffolds and activities involving dangerous equipment or chemicals. Volunteers who initiate activities that are not authorized by the Pastor or Principal are doing so at their own personal risk.

The Archdiocese does not provide insurance coverage to employees, parishioners, volunteers including coaches or parents of school children for privately owned / operated motor vehicles. Under Illinois Motor Vehicle Code, the owner of the vehicle is responsible for insuring the vehicle. They should review their personal automobile / homeowners insurance policies and discuss the most appropriate levels of coverage with their insurance agent. As the owner of the vehicle, they are required to insure the vehicle on a primary basis. Consideration should be made on obtaining coverage that exceeds the statutory minimum limits. The insurance policies they purchase are for their protection.

Many parishes and schools sponsor after school activities. These activities include athletic events and social events. By way of a signed permission slip, each parent should be made aware that they are responsible for transporting their child(ren) to and from the event. The permission slip should include emergency contact information, the name of the medical insurance carrier the child is covered by and an authorization to procure emergency medical treatment. Parents who volunteer or offer to transport other people including children are not acting on behalf of the parish / school. The revised form is attached for use. Please dispose of any of the older forms you may have.

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We encourage people to volunteer their time and talents to their parish and school. We ask each volunteer to act in a manner that complies with the various laws and utilizes common sense.

Please share this document with your staff, finance councils, school boards, volunteers, after school activity groups and parish sponsored activity groups. Each parish / school may have some unique situations that require additional discussion. Please feel free to contact me for clarification.

This document is also available on the Archdiocese Web site in Financial Services at www.archdiocese-chgo.org in Departments and Agencies.

Including weekends and holidays, please feel free to contact me at 312-751-8295 with any questions / problems you may have.

Sincerely,

Matthew M. Kaminski
Department of Insurance and Risk

CATHOLIC BISHOP OF CHICAGO, A CORPORATION SOLE
Child/Minor Acknowledgement Form

Child/Minor/Ward Name:	Parent/Guardian Name:
Address:	
Home Telephone: ()	Work Telephone: ()

Program: _____ Program Date(s): _____

The Catholic Bishop of Chicago (CBC) and _____ Parish (Parish) are committed to conducting programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and Parish insist participants follow safety rules and instructions designed to protect the safety of the participants and attendees.

Please recognize the CBC and the Parish does not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or the Parish responsible for the payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in activities connected with this program. I am responsible for the transportation of my child/ward to and from the event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC and the Parish and is my voluntary undertaking. While using my personal vehicle to and from parish / school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State and local laws; during the event(s) and to and from the event(s) I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and the parish from claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or parish officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

(Parent/Guardian Signature)

Date