

Volunteer Position Description

(Sample Format – Parish Name)

Name of Group/Ministry	Extraordinary Eucharistic Minister to the Sick
Accountability	<i>Parish team and coordinator</i>
Purpose of Ministry	<i>Bring the Eucharist and the prayerful support of the parish to the infirm and shut-ins</i>
Participant Group	<i>Infirm and shut-ins</i>
Activities and Responsibilities	<i>Meet with the infirm and the shut-ins in their homes (or nursing homes). Follow the schedule provided and find a replacement when unable to fulfill duties. Inform coordinator of visits. Maintain confidentiality.</i>
Skills and Qualifications Required	<i>Baptized, practicing Catholic Patient and dependable. Good listening skills.</i>
Time Commitment/ Duration	<i>Two hours per week as per schedule. Two year term, renewable.</i>
Orientation/ Training	<i>Provided by parish team and/or coordinator. Experienced volunteers bring new volunteer along during visits. Annual training workshop.</i>
Support/ Supervision/ Evaluation	<i>Parish team and coordinator. Random calls to participants. Review annually.</i>
Risk Assessment	<i>High Risk</i>
Screening Procedures	<i>Provide a Position Description Form. Fill out necessary forms. Interview Reference checks Police record checks Orientation and training Supervisory checks and evaluations</i>

Date Approved: _____ Date Reviewed: _____

Ministry Leader: _____

Parish Screening Committee Member: _____

Pastor: _____

Volunteer Position Description

(Sample Format – Parish Name)

Name of Group/Ministry	Collection Counters
Accountability	<i>Pastor</i>
Purpose of Ministry	<i>To count money from Mass collections and to record envelopes</i>
Participant Group	<i>Parish</i>
Activities and Responsibilities	<i>Two or more individuals per team.</i> <i>Count money from weekly collections.</i> <i>Record envelope contributions on appropriate ledgers.</i> <i>Make up deposit slips and prepare cash for deposit.</i>
Skills and Qualifications Required	<i>Accounting skills.</i> <i>Able to work as part of a team.</i> <i>Honesty and confidentiality.</i>
Time Commitment/Duration	<i>Two hours per week, as per schedule.</i> <i>Two year term, renewable.</i>
Orientation/Training	<i>Provided by the Pastor.</i>
Support/Supervision/Evaluation	<i>Pastor.</i> <i>Review annually.</i>
Risk Assessment	<i>High Risk</i>
Screening Procedures	<i>Provide a Position Description Form.</i> <i>Fill out necessary forms.</i> <i>Interview</i> <i>Reference checks</i> <i>Police record checks</i> <i>Credit check.</i> <i>Orientation and training</i> <i>Supervisory checks and evaluations</i>

Date Approved: _____ Date Reviewed: _____

Ministry Leader: _____

Parish Screening Committee Member: _____

Pastor: _____

Volunteer Position Description

(Sample Format – Parish Name)

Name of Group/Ministry	Catechist
Accountability	<i>Parish team and coordinator</i>
Purpose of Ministry	<i>Provide children and youth with catechetical instruction.</i>
Participant Group	<i>Children and youth; ages 6-14</i>
Activities and Responsibilities	<i>Grade by grade presentation of Catholic teaching in a classroom setting. Sacramental preparation. Plan and implement parish program. Follow schedule and inform coordinator if unable to attend.</i>
Skills and Qualifications Required	<i>Baptized, practicing Catholic Work well with children. Good communication, interpersonal and organizational skills. Imaginative and creative.</i>
Time/ Commitment/ Duration	<i>Two hours per week. Two year term, renewable.</i>
Orientation/ Training	<i>Provided by parish team and/or coordinator. Periodic ongoing training provided by coordinator.</i>
Support/ Supervision/ Evaluation	<i>Parish team and coordinator. Periodic visits by parish team and/or coordinator. Review annually.</i>
Risk Assessment	<i>High Risk</i>
Screening Procedures	<i>Provide a Position Description Form. Fill out necessary forms. Interview Reference checks Police record checks Orientation and training Supervisory checks and evaluations</i>

Date Approved: _____ Date Reviewed: _____

Ministry Leader: _____

Parish Screening Committee Member: _____

Pastor: _____

Volunteer Position Description

(Sample Format – Parish Name)

Name of Group/Ministry	Ushers
Accountability	<i>Parish team</i>
Purpose of Ministry	<i>To help keep the parish organized during Mass.</i>
Participant Group	<i>Parish congregation during Mass.</i>
Activities and Responsibilities	<i>Seat people when church is becoming full.</i> <i>Guide people to Communion.</i> <i>Collect donations.</i> <i>Organize the offertory procession.</i> <i>Distribute the bulletin.</i>
Skills and Qualifications Required	<i>Patience</i> <i>Good interpersonal skills.</i> <i>Follow dress code.</i>
Time Commitment/Duration	<i>One mass per week as per schedule.</i>
Orientation/Training	<i>Provided by the parish team.</i> <i>At the start of duties and once per year.</i>
Support/Supervision/Evaluation	<i>Parish team.</i>
Risk Assessment	<i>Low Risk</i>
Screening Procedures	<i>Provide a Position Description Form.</i> <i>Fill out necessary forms.</i> <i>Orientation and training</i>

Date Approved: _____ Date Reviewed: _____

Ministry Leader: _____

Parish Screening Committee Member: _____

Pastor: _____

VOLUNTEER APPLICATION FORM

This form is to be completed, signed and returned to the Volunteer Coordinator at the parish, school or agency at which you wish to provide volunteer services. A copy of this completed form will be kept on file.

<div> <div>Last Name</div> <div>First</div> <div>Middle</div> </div>				<div>Last 4 digits of SSN</div>	<div>Date</div>
<div> <div>Present Street Address</div> <div>City</div> <div>State</div> <div>Zip</div> </div>				<div>Daytime Phone</div>	<div>Evening Phone</div>
<div>Permanent Street Address (if different from present address)</div>				<div>Cell Phone</div>	<div>E-mail Address</div>

Have you ever volunteered for a Diocesan location? ☐ yes ☐ no Are you 18 years of age or older? ☐ yes ☐ no
If yes, give details: _____

I am interested in VOLUNTEERING at: ☐ school _____; ☐ parish _____; ☐ agency _____

Interested in volunteering for ☐ school activities ☐ religious education ☐ youth ministry ☐ coaching ☐ other _____

I am available ☐ mornings ☐ afternoons ☐ evenings ☐ weekdays ☐ weekends Date available _____

Volunteer Activities

Please list all current and previous volunteer activities beginning with your current or most recent position first. Use additional pages if needed. Include any other names worked under if different from the name you used on this form.

Parish/Company/Organization Name	Phone	From	To
Address	City	State	Zip
Duties/Responsibilities			
<div></div>			
Parish/Company/Organization Name	Phone	From	To
Address	City	State	Zip
Duties/Responsibilities			
<div></div>			
Parish/Company/Organization Name	Phone	From	To
Address	City	State	Zip
Duties/Responsibilities			

References

Please provide two personal/professional references. If you have resided in this area for less than two years, please provide at least one reference from your previous area of residence.

Name _____				Name _____			
City _____		State _____		City _____		State _____	
Phone _____				Phone _____			
Relationship _____			Years Known _____	Relationship _____			Years Known _____

IMPORTANT – Please read and sign below

The information provided on this form is true and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in suspension of my services. I grant permission to check my background and references and release the diocese and all diocesan locations from any and all liability that may result.

I further understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and procedures and are required to undergo a state and federal criminal background check.

Print Name: _____
Signature: _____
Date: _____

VOLUNTEER INTERVIEW

1. Have you performed this type of work before?
2. What is your experience?
3. Have you operated the machinery or equipment before?
4. Any physical restrictions or health concerns for the position?
5. * Is the volunteer 21 years of age or older? If not, what is their age?
6. Give volunteer a copy of the Volunteers and the Catholic Church brochure.

*Minors should never be allowed to operate inherently dangerous power equipment such as power saws, drills or similar equipment. Individuals should be 18 years of age to operate any power riding equipment. See attached list of age appropriate tasks.

TYPES OF WORK ALLOWED BY AGE GROUP				
AGES	ACCEPTABLE	NON-ACCEPTABLE WORK	ACCEPTABLE TOOLS TO USE	PROTECTION EQUIPMENT REQUIRED
10 to 17	Simple cleaning operations such as dusting mopping, and light sweeping. Light yard work such as raking, picking up branches/leaves. Serving prepackaged food at designated food distribution sites.	No use of ladders or scaffolding. No handling toxic materials. No use of power tools. No structural demolition. No operations of chain saws, motor vehicles or power driven apparatus. No excavation, roofing or roof related work.	Ordinary cleaning and yard work tools such as brooms, shovels, rakes, wheelbarrows, mops, rags and buckets	Long shirt and pants, shoes or work boots, work gloves (as appropriate) Also, any Personal Protection Equipment (PPE) required per safety regulations for proper use of specific tools or materials.
18 to 20	As above plus service of all food types.	As above.	As above.	As above plus County food handling certificate.
21 and up	As above plus service of alcohol	As above.	As above.	California ID (proof of 21 years of age)

	A	B	C	D	E	F	G	H	I	J
1	Date:	10/2/2009		Key Schedule, Sample Parish/School <i>Appendix D1</i>						
2	Room #	Door #	Key ID	Department / Area	GM Grand Master	SM Area Sub Master	Change Key	Code	Code	Code
3	Exterior entry doors, gates									
4	O1	1	E1	Narthex, entry vestibule	GMK	SAB	E1			
5	O1	2	E1	Narthex, entry vestibule	GMK	SAB	E1			
6	O1	3	E1	Narthex, entry vestibule	GMK	SAB	E1			
7	O1 / 38	4	E1	Adjacent to usher's closet	GMK	SAB	E1			
8	41 / 39	5	E2	Office, exterior door	GMK	OM	E2			
9	44	6	E2	Study, exterior door to the patio	GMK	OM	E2			
10	37	7	E3	Foyer, north side	GMK	OM	E3			
11	28	8	E4	Classroom 6 /D, exterior door	GMK	CM	E4			
12		9	E4	East exterior door, adjacent to Classrooms A and D	GMK	CM	E4			
13	25	10	E4	Classroom 3 /A, exterior door	GMK	CM	E4			
14	22	11	M1		GMK	MAO	M1			
15	21	12	E4	Kitchen, exterior door	GMK	PH1	E4			
16	21	13	E4	Kitchen, exterior door to trash yard	GMK	PH1	E4			
17	13	14	E4	Parish Hall, south side exterior	GMK	PH1	E4			
18	36	15	None	Nave, exterior door [plugged]	None	None	None	No cylinder, plugged		
19										
20	Gates, east side, rear of building									
21	Patio 1	85	None	Patio by classroom A and D	No lock installed					
22	13	86	None	Trash Yard	No lock installed					
23										
24	Office areas, Sacristy, study room, resources									
25	41 / 39	5	E2	General Office and waiting	GMK	GO	E2	Duplicate of line 8		
26	41 / 39	32	GO1	General Office, from central corridor	GMK	GO	GO1			
27										
28	42	35	WR	Work room	GMK	GO	WR			
29	43	36	A1	Vault	None	None	A1	Install a Schlage Primus keyway		
30	59	37	GO1	General Office to smaller offices	GMK	GO	GO1	Keyed on Hall side -area 59		
31										
32	58	38	O58	Office	GMK	OM	O58			
33	60	39	O60	Office	GMK	OM	O60			
34	44	40	S44	Study, entrance from office 60	GMK	OM	S44			
35	44	6	E2	Study, ext. entrance from patio	GMK	OM	E2			
36	47	41	O47	Office [prev. designated as storage]	GMK	OM	O47			
37	48	42	None	Restroom adjacent to offices and Sacristy	None	None	None	Toilet room function lockset		
38	57	43	None	Storage adjacent to door 44 and 45	None	None	None	No door, no lockset		
39	38	44	S1	Hall door from corridor to offices	GMK	OM	S1			
40	49	45	S2	Hall to Vest. and sacristy	GMK	None	S2			
41	50	46	None	Vesti. To Sacristy	None	None	None	No door, no lock		
42	51	49	None	Sacristy to Sacristy storage	None	None	None	No lockset		
43	50	48	S3	Sacristy, Hall into Sacristy	GMK	SAB	S3			
44	46	50	None	Elect. /Mech. Room 'B'	None	None	None	No door, no lockset		
45	45	51	S45	Closet, Study Room #44	GMK	SM	S45			
46	52 / 53	55	O52	Office (prev. designated as janitor)	GMK	OM	O52	Wall removed, one office		
47	52 / 53	53	O52	Office	GMK	OM	O52	Religious Education Office		
48	54	52	O54	Resources / Library	GMK	OM	O54			
49										
50	37/38	82	E3	Corridor doors by north foyer and classrooms	GMK	OM	E3			
51										
52	Classrooms									
53	25	63	C3	Classroom 3 /A	GMK	CM	C3			
54	26	64	C2	Classroom 2 /B	GMK	CM	C2			
55	27	57	C1	Classroom 1 /C	GMK	CM	C1			
56	28	62	C6	Classroom 6 /D	GMK	CM	C6			
57	29	83	S61	Classroom 6 /D storage -29	GMK	SM	S61			
58	30	84	S62	Classroom 6 /D storage -30	GMK	SM	S62			
59	31	61	C5	Classroom 5 /E	GMK	CM	C5			
60	32	60	C4	Classroom 4 /F	GMK	CM	C4			
61	33	59	M4	Classroom 4 /F storage, janitor closet	GMK	MAO	M4			

	A	B	C	D	E	F	G	H	I	J
62										
63	Room #	Door #	Key ID	Department / Area	GM Grand Master	SM Area Sub Master	Change Key	Code	Code	Code
64										
65	Parish Hall									
66	13	58	PH1	Parish Hall. Doors at corridor 14	GMK	PH1	PH1			
67	23	66	PH1	Parish Hall, Storage 'A', chairs/tables	GMK	PH1	PH1			
68	24	65	PH1	Parish Hall, Storage 'B', chairs/tables	GMK	PH1	PH1			
69	17	74	M3	Platform storage, Maintenance Supplies	GMK	MAO	M3			
70	16	75	S16	Platform storage	GMK	SM	S16			
71	11./12	76	S11	Platform storage, Sound System	GMK	SM	S11			
72	11./12	77	S11	Parish Hall, Storage	GMK	SM	S11	KA rooms connected		
73	21	12	E4	Kitchen, exterior door	GMK	PH1	E4	Duplicate of line 15		
74	21	13	E4	Kitchen, exterior door to trash yard	GMK	PH1	E4	Duplicate of line 16		
75	13	14	E4	Parish Hall, south side exterior	GMK	PH1	E4	Duplicate of line 17		
76										
77	Kitchen area									
78	21	67	None	Kitchen, double swing door, no lock	None	No lock on door				
79	21	68	None	Roll up door at kitchen counter	None	No lock on door				
80	21	69	None	Kitchen, double swing door, no lock	None	No lock on door				
81	20	70	S20	Kitchen storage	GMK	SM	S20			
82	19	71	S19	Food Pantry, storage	GMK	SM	S19			
83	21	12	E4	Kitchen, exterior door	GMK	PH1	E4	Duplicate of line 15		
84	21	13	E4	Kitchen, exterior door to trash yard	GMK	PH1	E4	Duplicate of line 16		
85										
86	Maintenance, electrical, mechanical spaces									
87	22	11	M1	Elect. / Mech. Room 'A'; rear exterior	GMK	MAO	M1			
88	46	50	None	Elect. /Mech. Room 'B'	None	None	None	Duplicate of line 44		
89	17	74	M3	Platform storage, Maintenance Supplies	GMK	MAO	M3	Duplicate of line 69		
90	33	59	M4	Classroom 4 /F storage, janitor closet	GMK	MAO	M4	Duplicate of line 61		
91	None	None	M5	Roof access, padlock	GMK	MAO	M5	Provide padlock, Schlage keyway		
92	None	None	M6	Padlock, for general use	GMK	MAO	M6	Provide two padlocks, Schlage keyway		
93										
94	Toilet rooms, Public Toilet Rooms									
95	O2	17	TR1	Men's adj. to Narthex, Bridal Rm., Cry Room	GMK	SAB	TR1			
96	34	80	TR2	Men's adj. to north foyer, Parish Hall	GMK	CM	TR2			
97										
98	O4	30	TR1	Women's adj. to Narthex, general office	GMK	SAB	TR1			
99	56	81	TR2	Women's adj. to north foyer, Parish hall	GMK	CM	TR2			
100										
101										
102										
103	Nave and Chapel areas									
104	O6	18	N1	Nave, from Narthex	GMK	SAB	N1			
105	O6	19	N1	Nave, from Narthex	GMK	SAB	N1			
106	O6	20	N1	Nave, from Narthex	GMK	SAB	N1			
107	O6	23	N1	Nave from corridor 38	GMK	SAB	N1			
108	O6	24	N1	Nave to Chapel and Parish Hall	GMK	SAB	N1			
109	O6	25	None	Nave to Chapel	None	None	None	No door, door removed ?		
110	O6	26	N1	Parish Hall to Nave	GMK	SAB	N1	Deadbolt, keyed on both sides		
111	13	26	PH1	Nave to Parish Hall	GMK	SAB	PH1	Deadbolt, keyed on both sides		
112	O6	27	N1	Nave to hall to Chapel and Parish Hall	GMK	SAB	N1			
113	10	28	MU1	Work room, Music Room	GMK	SAB	MU1			
114	O9	79	MU2	Music Room	GMK	SAB	MU2			
115	O8	29	N1	Reconciliation room	GMK	SAB	N1			
116	18	56	N1	Chapel from corridor 38	GMK	SAB	N1			
117										
118	O6	21	S21	Storage closet	GMK	SM	S21	Key Alike		
119	O6	22	S21	Storage closet	GMK	SM	S21			
120	O5	31	S05	Storage [formerly the Usher's Closet]	GMK	SM	S05			
121	O3	16	N1	Brides Room, Cry Room	GMK	SAB	N1			

Date revised: **10/02/09**
Keying Arrangements
Sample Parish/School

Appendix D2

Grand Master Key		Vault		Drop Box /Safe	
		Schlage Primus keyway		Combination lock	
Office Master		Storage Master	Maint. & Operations	Sunday and Baptisms	Classroom Master
"OM"	General Office	"SM"	"MAO"	"SAB"	"CM"
		Classroom 6 /D, door #83	Maintenance Supplies 17, 74	Entrance door 1	Parish Hall
Office 58, 38	"GO"	Classroom 6 / D door #84	Electric / Mech. Rm. A 22, 11	Entrance door 2	"PH 1"
Office 60, 39	Gen. Office and Waiting 41/39, 5	Study Rm. 44 Closet 45, door 51	Electric /Mech. Rm. B 46, 50	Entrance door 3	Classroom 1 /C
Study 44, 51	Gen. Office and Waiting 41/39, 32	Parish Hall Storage 16, 75	Janitor Storage, Class 4 /F, 33, 59	Cry Room 03, 16	Classroom 2 /B
Office 47, 41 [formerly storage]	Gen. Office and Waiting 41/39, 37	Platform Sound System 11/12 -76	Roof access ,padlock	Men's room 02, 17	Classroom 3 /A
Office 52/53, 55 Rel. Edu.	Work Room 42, 35	Parish Hall Storage 11/12 -77	Padlocks (2), for M&O use	Women's room 04, 30	Classroom 4 /F
Office 52/53, 53 Rel. Edu.		Kitchen storage 20, 70		Nave entrance 18	Classroom 5 /E
Resources, Library 54, 52		Food Pantry 19, 71		Nave entrance 19	Classroom 6 /D
Work Room 42,36		Nave storage closet, door #21		Nave entrance 20	Class 3 /A ext. door 25, 10
Hall to Gen. Off. 41, 37		Nave storage closet, door #22		Nave entrance 23	Class 6 /D ext. door 28, 8
Hall to Gen Off. 41, 32		Storage 05, formerly Ushers, door #31		Chapel entrance 18, 56	Hall ext door #9
Exterior to Gen Off 41, 05				Access behind altar 24	Women's toilet 56,81
Exterior to Foyer, door 07				Access behind altar 27	Men's toilet 34, 80
Hall door to offices, door #44				Lighting, Work Room 10, 28	
Study, exterior door to patio, 44, 6				Reconciliation Room 08, 29	
Study, entracce from Office 60; 44, 40				Music Room 09, 79	
Corridor door by north foyer and classrooms, door #82				Sacristy, 50, 48	
				Sacristy, 40, 46	
				Hall to Nave Deadbolt, door 26	

	A	B	C	D
1	Date revised: 09/25/09			<i>Appendix D3</i>
2				
3	Qty of Keys	Key ID	Door No.	Area
4	10	GMK	All	All doors, except Vault
5	6	A1	26	Vault
6	10	GO	Group	General Office
7	10	OM	Group	Office Master
8	10	SM	Group	Storage master
9	6	M&O	Group	Maintenance and Operations
10	10	SAB	Group	Sunday and Baptisms
11	10	CM	Group	Classroom Master [1,2,3,4,5 and 6]
12	10	PH	Group	Parish Hall
13	Exterior entry doors			
14	10	E1	1	Narthex, entry vestibule
15		E1	2	Narthex, entry vestibule
16		E1	3	Narthex, entry vestibule
17		E1	4	Entrance adjacent to Usher's Closet / General Office
18		E2	5	Office, general office exterior door
19		E2	6	Study, exterior door to patio
20	10	E3	7	Foyer, north side
21	10	E4	8	Classroom 6 /D, exterior door
22		E4	9	Ext. door; adj. Classrooms 3/A & 6/D
23		E4	10	Classroom 3 /A, exterior door
24		M1	11	Elect. / Mech. Room 'A'; rear exterior
25		E4	12	Kitchen, exterior door
26		E4	13	Kitchen, exterior door to trash yard
27		E4	14	Parish Hall, south side exterior
28		None	15	Nave, exterior door [plugged]
29	Gates, east side, rear of building			
30		None	85	Patio by classroom 3/A and 6/D
31		None	86	Trash Yard
32				
33	Office areas, Sacristy, study room, resources / library			
34	10	E2	5	Office, general office exterior door
35	10	GO1	32	General Office, from central corridor
36				
37	6	WR	35	Work room
38		GO1	37	General Office to smaller offices
39				
40	8	O58	38	Office
41	8	O60	39	Office
42	8	S44	40	Study, entrance from office 60
43		E2	6	Study, ext. entrance from patio
44	8	O47	41	Office [prev. designated as storage]
45		None	42	Restroom adjacent to offices and Sacristy
46		None	43	Storage adjacent to door 44 and 45

	A	B	C	D
47	Qty of Keys	Key ID	Door No.	Area
48	Office areas, Sacristy, study room, resources / library			
49	10	S1	44	Hall door from corridor to offices
50	10	S2	45	Hall to Vest. and sacristy
51	10	None	46	Vesti. To Sacristy
52		None	49	Sacristy to Sacristy storage
53	10	S3	48	Sacristy, Hall into Sacristy
54		None	50	Elect. /Mech. Room 'B'
55	8	S45	51	Closet, Study Room #44
56	8	O52	55	Office (prev. designated as janitor)
57		O52	53	Office
58	8	O54	52	Resources / Library
59	15	E3	82	Corridor doors by north foyer and classrooms
60				
61	Classrooms			
62	10	C3	63	Classroom 3 /A
63	10	C2	64	Classroom 2 /B
64	10	C1	57	Classroom 1 /C
65	10	C6	62	Classroom 6 /D
66	8	S61	83	Classroom 6/D storage -29
67	8	S62	84	Classroom 6/D storage -30
68	10	C5	61	Classroom 5 /E
69	10	C4	60	Classroom 4 /F
70	8	M4	59	Classroom 4 /F storage, janitor closet
71				
72	Parish Hall			
73	10	PH1	58	Parish Hall. Doors at corridor 14
74		PH1	66	Parish Hall, Storage 'A', chairs/tables
75		PH1	65	Parish Hall, Storage 'B', chairs/tables
76	6	M3	74	Platform storage, Maintenance Supplies
77	6	S16	75	Platform storage
78	6	S11	76	Platform storage, Sound System
79		S11	77	Parish Hall, Storage
80		E4	12	Kitchen, exterior door
81		E4	13	Kitchen, exterior door to trash yard
82		E4	14	Parish Hall, south side exterior
83				
84	Kitchen			
85		None	67	Kitchen, double swing door, no lock
86		None	68	Roll up door at kitchen counter
87		None	69	Kitchen, double swing door, no lock
88	8	S20	70	Kitchen storage
89	8	S19	71	Food Pantry, storage
90		E3	12	Kitchen, exterior door
91		E3	13	Kitchen, exterior door to trash yard
92				

	A	B	C	D
93	Qty of Keys	Key ID	Door No.	Area
94	Maintenance, electrical, mechanical spaces			
95				
96	6	M1	11	Elect. / Mech. Room 'A'; rear exterior
97		None	50	Elect. /Mech. Room 'B'
98	6	M3	74	Platform storage, Maintenance Supplies
99	6	M4	59	Classroom 4 /F storage, janitor closet
100	6	M5	None	Padlock, roof access hatch
101	6	M6	None	Padlock, general use for M&O
102				
103	10	TR1	17	Men's adj. to Narthex, Bridal Rm., Cry Room
104	10	TR2	80	Men's adj. to north foyer, Parish Hall
105				
106		TR1	30	Women's adj. to Narthex, general office
107		TR2	81	Women's adj. to north foyer, Parish hall
108				
109				
110				
111	Nave and Chapel areas			
112	15	N1	18	Nave, from Narthex
113		N1	19	Nave, from Narthex
114		N1	20	Nave, from Narthex
115		N1	23	Nave from corridor 38
116		N1	24	Nave to Chapel and Parish Hall
117		None	25	Nave to Chapel
118		N1	26	Parish Hall to Nave
119		PH1	26	Nave to Parish Hall
120		N1	27	Nave to hall to Chapel andParish Hall
121	6	MU1	28	Work room, Music Room
122	6	MU2	79	Music Room
123		N1	29	Reconciliation room
124		N1	56	Chapel from corridor 38
125				
126	8	S21	21	Storage closet
127		S21	22	Storage closet
128	8	S05	31	Storage [formerly the Usher's Closet]
129		N1	16	Brides Room, Cry Room
130	470			



Loss Control & Prevention

Child Volunteer Waiver Form

Appendix E

Parish/School Information	
Location Name:	Location #:
Location Address:	Telephone:
Volunteer Manager:	Email:
<p><small>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED BY THE LOCATIONS VOLUNTEER MANAGEMENT AND SIGNED BY THE VOLUNTEER FOR ALL ACTIVITIES SPONSORED BY THE DIOCESE OF SAN JOSE AND ITS SCHOOLS OR PARISHES.</small></p> <p><small>REFER ANY QUESTIONS TO THE LOSS CONTROL & PREVENTION TELEPHONE: 408.983.0237 / FAX: 408.983.0296 / LAVOUN@DSJ.ORG</small></p>	
Child Volunteer Personal Information	
Child Volunteer Name:	Telephone:
Home Address:	Email:
Parent/Guardian Name:	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Child Volunteer Information	
Volunteer Date:	Volunteer Job:
Detailed Description of Volunteer Job Duties:	
Waiver Authorization	
<small>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</small>	
<p><small>I HOLD THE <u>PARISH/SCHOOL</u> AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE <u>PARISH/SCHOOL</u> OR DIOCESE OF SAN JOSE.</small></p> <p><small>I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</small></p> <p><small>IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISOR OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.</small></p> <p><small>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</small></p>	
Parent or Guardian Signature:	Date Signed:
Loss Control & Prevention Internal Use Only	
Received By:	Date Received:

Appendix E

Updated 042018



Loss Control & Prevention Adult Volunteer Waiver Form

Appendix F

Parish/School Information	
Location Name:	Location #:
Location Address:	Telephone:
Volunteer Manager:	Email:
<p><i>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED BY THE LOCATIONS VOLUNTEER MANAGEMENT AND SIGNED BY THE VOLUNTEER FOR ALL ACTIVITIES SPONSORED BY THE DIOCESE OF SAN JOSE AND ITS SCHOOLS OR PARISHES.</i></p> <p><i>REFER ANY QUESTIONS TO THE LOSS CONTROL & PREVENTION TELEPHONE: 408.983.0237 / FAX: 408.983.0296 / LAVOUN@DSJ.ORG</i></p>	
Volunteer Personal Information	
Volunteer Name:	Telephone:
Home Address:	Email:
Volunteer Manager:	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Volunteer Activity Information	
Volunteer Date:	Volunteer Job:
Detailed Description of Volunteer Job DutiesAd:	
Waiver Authorization	
<i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i>	
<p><i>I HOLD THE <u>PARISH/SCHOOL</u> AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE <u>PARISH/SCHOOL</u> OR DIOCESE OF SAN JOSE.</i></p> <p><i>I ATTEST THAT I AM IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</i></p> <p><i>IN THE EVENT I BECOME ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICAIN AND PERFORMED BY OR UNDER THE SUPERVISIOIN OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.</i></p> <p><i>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME TO PARTICIPATE IN ANY SUCH ACTIVITY.</i></p>	
Volunteer Signature:	Date Signed:
Loss Control & Prevention Use Only	
Received By:	Date Received:

Updated 4/2018

Appendix F



Loss Control & Prevention

Volunteer Accident Investigation Report

Appendix G

Parish/School Information			
Location Name:			Location #:
Location Address:		Telephone:	
Volunteer Manager:		Email:	
NOTICE TO ALL VOLUNTEER MANAGERS: THIS REPORT MUST BE COMPLETED AND SUBMITTED ALONG WITH A COPY OF THE VOLUNTEERS SIGNED WAIVER, TO THE LOSS CONTROL & PREVENTION DEPARTMENT, EMAIL TO LAVOUN@DSJ.ORG TELEPHONE: 408-983-0237.			
Volunteer Personal & Work Information			
Volunteer Name:		Telephone:	
Home Address:		E-mail Address:	
Volunteer Position:		SSN:	
Volunteer Manager:		Telephone:	
Volunteer Injury Information			
Date of Injury:	Loss Time: <input type="checkbox"/> Yes <input type="checkbox"/> No		Loss Amount/Hours:
Type of Injury:			
Description of How Injury Occurred:			
Basic Causes of Accident			
A. Employee	B. Supervision	C. Unsafe Equipment/Materials	D. Unsafe Conditions
<input type="checkbox"/> Haste or short cuts. <input type="checkbox"/> Equipment such as jacks, ladders, hoists, etc. <input type="checkbox"/> Goggles, respirators, masks, etc. provided but not used. <input type="checkbox"/> Improper or unsafe tool or equipment used. <input type="checkbox"/> Horseplay or fooling around. <input type="checkbox"/> Instructions or rules disregarded. <input type="checkbox"/> Violation of safety procedures: <input type="checkbox"/> reviewed in job training; <input type="checkbox"/> reviewed in safety meetings. <input type="checkbox"/> Inexperience or inattention. <input type="checkbox"/> Physical condition of employee. <input type="checkbox"/> Improper body position. <input type="checkbox"/> Improper method of doing work. <input type="checkbox"/> Act of fellow employee. <input type="checkbox"/> Improper clothing.	<input type="checkbox"/> No job briefing. <input type="checkbox"/> Incomplete job description. <input type="checkbox"/> Rules, standards or instructions not enforced. <input type="checkbox"/> Personal safety devised not provided on job (goggles, safety belts, masks, respirators, etc.). <input type="checkbox"/> Correct or safe tools not provided. <input type="checkbox"/> Inadequate inspection of equipment or jobs. <input type="checkbox"/> Improper method of doing work. <input type="checkbox"/> Poor job planning. <input type="checkbox"/> Too much risk. <input type="checkbox"/> Inadequate job training by supervisor.	<input type="checkbox"/> Ineffectively guarded equipment. <input type="checkbox"/> Unguarded equipment. <input type="checkbox"/> Defective materials. <input type="checkbox"/> Defective tools. <input type="checkbox"/> Defective equipment (not motor vehicles). <input type="checkbox"/> Defective motor vehicle equipment. <input type="checkbox"/> Unsafe equipment or material of contractor, non-employee or customer. <input type="checkbox"/> Improper type or poor design.	<input type="checkbox"/> Poor light. <input type="checkbox"/> Poor ventilation. <input type="checkbox"/> Bad housekeeping. <input type="checkbox"/> Improper piling or storing. <input type="checkbox"/> Tools, equipment or materials scattered around. <input type="checkbox"/> Slippery floors or other places. <input type="checkbox"/> Unsafe conditions caused by other persons.

State in detail why you selected the above Basic Causes (Use additional page if needed):

Column A: What was the unsafe condition?:

Column B: Why did this occur?:

Column C: What was the unsafe act?:

Column D: Why was it permitted?:

To prevent a reoccurrence, what have you done, or what do you suggest?

Did you submit a request to repair unsafe conditions? ☐ Yes | ☐ No | Date:

Report Authorization

FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE FINDINGS.

Report Completed By:

Date Completed:

Position/Title:

Telephone:

Loss Control & Prevention Use Only

Report Received By:

Date Received:



DIOCESE OF
SAN JOSE

Student and Volunteer Accident Program

The Diocese of San Jose has moved to a new provider for our Student and Volunteer Accident Insurance coverages. Effective August 1, 2019, Philadelphia Life Insurance will replace our existing coverage with Myers-Stevens & Toohey. Philadelphia Life Insurance has over 55 years' experience in the Student and Volunteer Insurance business and will be providing the Diocese with more comprehensive coverages, simplified claim processing and a lower price.

Paul Harrison serviced our account for the past 20 years at Myers-Stevens & Toohey. A year ago, Mr. Harrison was hired by large nationally recognized brokerage firm, Risk Strategies and will continue to service our Student and Volunteer Accident Insurance coverages. He is available to answer any questions, please see his contact information below.

The Student and Volunteer Accident Program Covers the following Groups:

- Students
- CCD
- Youth and Young Adult Ministries
- Adult Volunteers

This document will provide School and Church Officials with a summation of coverages, instructions on how to file a claim and contact information.

I. Summation of Coverage:

Accident coverage is for school/church sponsored, supervised activities on and off the school/church premises, including overnight trips.

This coverage is excess coverage and the parent's insurance is primary. This coverage will assist with the parent's out of pocket medical related expenses.

II. How to File a Claim?

“Student, church or adult volunteer is injured at school/church sponsored event and needs medical attention”.

Step 1: School/Church Official completes Part I of the attached claim form.

Insured: Diocese of San Jose – (Insert Location Name)

Address: 1150 N. 1st Street, Ste. 100 San Jose, CA 95112

Policy: See below

Base Student School Time Plan: #PHPA042192

Volunteer Base Accident Plan: # PHPA042193

Step 2: Once Part I is completed, a copy is provided to the parent or guardian along with a copy of the claim form instructions sheet. Claim form instructions sheet provides complete details for the parents to process the claim. These forms can be sent electronically and are fillable forms.

Note: Philadelphia Life is the insurance company and contracts with a third party administer - NAHGA for claims processing.

Step 3: School/Church Official completes the Diocese’s incident report for their file. This form will be requested by NAGHA if the parents proceed to file a claim.

Note: Parents or guardian will work directly with NAGHA to process the claim forms. After the incident and claim forms are provided to the parent, all future questions regarding their coverage or claims processing should be directed to NAGHA.

III. **CONTACTS:**

FILING CLAIMS:

NAHGA is nationally recognized for processing claims for thousands of K-12 schools, colleges and universities. <https://www.nahgaclaimservices.com/>

NAHGA Claim Services

P.O. Box 189

Bridgton ME 04009

Email: claims@nahga.com

Questions: Contact 800-952-4320 Fax: 207-647-4569

HOURS OF OPERATION:

- NAHGA is located on the East Coast, therefore parents have the ability to contact their office from 5:00 a.m. – 2:00 p.m. PST.
- Risk Strategies will handle customer service claims issues after 2:00 p.m. PST.

COVERAGE QUESTIONS:

Risk Strategies: For all coverage related questions, please contact Paul Harrison.

E: PHarrison@risk-strategies.com

A: 2270 Douglas Blvd., Suite 220, Roseville, CA 95661

Toll-free: 866-352-1658

Paul Harrison's Direct line: 916-367-4295

**ACCIDENT INSURANCE
INSTRUCTIONS FOR FILING A CLAIM – FULL EXCESS PLANS ONLY**

The accident insurance plan is designed to cover all registered participants of the policyholder while they're engaged in policyholder sponsored and supervised activities. The plan will consider reimbursement for eligible expenses which are not payable by your healthcare plan or any other insurance plan providing reimbursement for medical expenses. Therefore, prior to filing a claim against the accident insurance policy, you must first file the claim with your own healthcare plan. Please observe the following claim filing procedures: **(Please include the policy number on all correspondence to facilitate the handling of your claim)**

1. Obtain a claim form from the sponsoring organization. Only one form is needed for each accident, regardless of the number of expenses incurred for the particular accident.
2. Part I of the claim form should be completed and signed by an official from the sponsoring organization. Part I requests a description of how the accident occurred. Please check to see that a complete description is provided. For example, "Basketball" is not acceptable; however, "Twisted left ankle while playing basketball" is acceptable.
3. Part II of the claim form should be completed and signed by the claimant or the claimant's parent or guardian if claimant is a minor. All questions in Part II must be completed in order for the company to examine your claim. Please do not leave any questions blank. Part II includes the section entitled "Authorization to Release Information."
4. Itemized Bills must be submitted. Itemized Bills provide the dates of service, the procedure codes, the diagnosis and the charge(s). "Balance Due" bills are not acceptable because they do not provide all of the information needed to properly examine a claim.
5. When submitting charges for Physical Therapy, the itemized bill must be accompanied by the prescription and include the frequency and the duration of the treatment.
6. Submit copies of the Explanation of Benefits (EOB) statements from your own healthcare plan. The EOB's will show how much your healthcare plan paid for the services rendered and the amount which is your responsibility. There should be an EOB for each Itemized Bill you have submitted for reimbursement.
7. Mail or email the fully completed claim form, each Itemized Bill (and the prescription, if applicable) and the corresponding EOB to the following address: **(Please include the Policy Number on all correspondence)**

NAHGA Claim Services
P.O. Box 189
Bridgton, ME 04009
claims@nahga.com
Fax 207-647-4569
Phone 800-952-4320

Please remember, the policy is an Accident insurance policy. It does not provide reimbursement for illness or for injuries that are not the result of an Accident. It is subject to exclusions and limitations. The policy may also contain a deductible which may be the claimant's responsibility. Please be aware that the claim form contains state mandated fraud warning language that requires your review and signature.

ACCIDENT CLAIM FORM

MAIL TO: NAHGA Claim Services
P.O. Box 189
Bridgton, ME 04009
Email: claims@nahga.com
File claims electronically: Payer ID 67788

Questions: Contact 800-952-4320 Fax: 207-647-4569

INSTRUCTIONS (SIGNATURE SECTION MUST BE COMPLETED AT THE BOTTOM OF ALL THREE PAGES)

- All fields must be completed
- Part I – Must be completed by Policyholder
- Part II – Must be completed by Claimant or by the Parent or Guardian, if the Claimant is a minor
- Send copies of itemized bills showing provider's name, address, tax ID number, diagnosis and procedures codes.
- Attach explanation of benefits, additional bills with record of payment or denial from primary insurance carrier. This does not apply if the accident policy provides primary coverage
- All benefits will be payable to the physicians and providers, unless accompanied by paid receipts
- If employed, but have no other insurance, forward employer(s) letter on employer(s) letterhead to that effect.
- For additional instructions about how to file a claim please visit www.ajfusa.com/claims

Claimants eligible for Medicaid benefits must first file for benefits under this policy before submitting expenses to Medicaid.

PART I – POLICYHOLDER REPORT (Signature is required at the end of this section)

1. Policy Number:
2. Name of Policyholder:
3. Policyholder Address:
4. City: State: Zip:
5. Policyholder Contact: Phone: Email: Fax:
6. Last name of Claimant: First name of Claimant:
7. Social Security Number: Date of Birth:
8. Sex: ~~XXXXXX~~ or ~~XXXXXX~~ Female
9. Grade (if applicable): Check one (if applicable) Day School Boarding
10. Nature of injury: **(Describe, fully indicate what part of the body was injured – e.g. broken arm, sprained ankle)**
Must be a bodily injury due to accident.

11. Describe how the accident occurred, provide all details.
Attach a separate sheet, if necessary (include name of sport / activity)

12. Did the accident occur:
 - a. During a Policyholder supervised / authorized activity? Yes No
 - b. During a Policyholder sponsored activity? Yes No
 - c. During scheduled Policyholder hours? Yes No
 - d. While traveling to or from a Policyholder sponsored and supervised activity? Yes No
 - e. Off Policyholder premises, at home, during the weekend, holiday or summer vacation? Yes No

13. Date of Accident: Time of Accident: A.M. P.M.
Place of Accident:

14. Name and title of person supervising activity:
Was he or she a witness? Yes No

15. List other Policyholder insurance. **Attach a separate sheet, if necessary.**

Type of Policy	Policy Number

Signature of Authorized Policyholder Representative**Title****Date**

PART II**(To Be Completed by Claimant or Parent / Guardian, if Claimant is a Minor)**

1. Name of Claimant or Father / Guardian:
Social Security Number: _____ Email Address: _____
2. Name of Mother or Guardian:
Social Security Number: _____ Email Address: _____
3. Street address of Parents or Claimant Guardian:
City: _____ State: _____ Zip: _____
Telephone Number: _____
4. Father or Guardian's Insurance Company:
5. Mother or Guardian's Insurance Company:
6. Name and address of Claimant or Father / Guardian's employer, if a minor:
Employer's Name: _____
Employer's Mailing Address: _____
City: _____ State: _____ Zip: _____
7. Name and address of Claimant or Mother / Guardian's employer, if a minor:
Employer's Name: _____
Employer's Mailing Address: _____
City: _____ State: _____ Zip: _____
8. List all other insurance policies under which Claimant is insured:

Type of Policy	Policy Number

The Affordable Care Act requires Philadelphia Indemnity Insurance Company to request verification that no other coverage is in force from the employer(s) of the claimant or the parent / guardian if under the age of 26.

9. Is the Claimant enrolled in, a member of, or a participant of any of the following as an individual, employee or dependent? If yes, please provide a copy of the insurance card (front and back).
 - a. Preferred Provider Organization (PPO) or similar prepaid health plan? Yes No
If yes, name of PPO Organization: _____
 - b. Health Maintenance Organization (HMO) or similar prepaid health plan? Yes No
If yes, name of HMO or organization: _____
10. If Claimant has health care coverage as a dependent from a previous marriage as mandated in a divorce decree, please provide the following:

Name of Policyholder	Name of Insurance Company	Policy Number

AFFIDAVIT


I verify that the statement on the other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse the Company to the extent for which the Company would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION

I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to Philadelphia Indemnity Insurance Company, its employees and authorized agents for the purpose of validation and determining benefits payable. I further authorize any Philadelphia Indemnity Insurance Company to furnish the Policyholder or its agents, any and all information with respect to my insurance claim for the purpose of assisting with claims adjudication. This data may be extracted for audit or statistical purposes. I understand that I have the right to revoke this authorization in writing at any time and that such a revocation is not effective to the extent that such authorization has already been relied upon.

PAYMENT AUTHORIZATION (Signature is required at the end of this section)

I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices, unless paid receipts accompany this form.

 **Claimant Signature (Parent or guardian, if the claimant is a minor)**
Date 

CLAIM FORM FRAUD STATEMENTS (Signature is required at the end of this section)

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE and IDAHO: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: Any person who, knowing and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA, and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defrauds, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NORTH CAROLINA and OREGON: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Claimant Signature (Parent or guardian, if the claimant is a minor)

Date



POST ACTIVITY REVIEW FORM

With all volunteers, you should consider how you would answer the following questions to determine whether or not they should be used again in the same volunteer capacity or whether they'd be suited better for an alternate form of volunteer duties. This should be part of your routine review of every volunteer or volunteer activity.

1. Did the volunteer follow instructions?
2. Were the volunteer's skills suited to the ministry for which he/she signed up?
3. Did the volunteer drive a motor vehicle as part of their ministry?
 - a. If yes, did they have adequate liability insurance coverage of \$100,000/\$300,000 on their vehicle?
 - b. Did they successfully pass the Motor Vehicle Record Check (MVR)?
 - c. Did they restrict their driving to ministry activities only?
4. Were there any volunteers that were not appropriate for the activity? If so, should keep a written record of this in parish files.



VENDOR INSURANCE REQUIREMENTS

ALL VENDORS¹ THAT ARE TO WORK ON OR PERFORM ON DIOCESAN PROPERTY MUST MEET DIOCESAN INSURANCE REQUIREMENTS AND SUBMIT PROOF OF THEIR INSURANCE PRIOR TO ENTERING INTO THE START DATE.

THE CONTRACTING PARTY AGREES TO MAINTAIN INSURANCE COVERAGE AS OUTLINED BELOW:

GENERAL LIABILITY

- COMPREHENSIVE GENERAL INSURANCE WITH LIMITS NOT LESS THAN \$1 MILLION PER OCCURRENCE.

AUTO LIABILITY (IF APPLICABLE)

- PRIMARY AUTO LIABILITY WITH LIMITS NOT LESS THAN \$1 MILLION PER OCCURRENCE COVERING SPECIFIC VEHICLES TO BE BROUGHT ONTO PARISH/SCHOOL FACILITY.

WORKERS' COMPENSATION INSURANCE

- COVERAGE A STATUTORY LIMITS FOR THE STATE OF CALIFORNIA.
- COVERAGE B EMPLOYERS LIABILITY COVERAGE IN LIMITS NOT LESS THAN:
 - \$500,000 EACH ACCIDENT FOR BODILY INJURY BY ACCIDENT.
 - \$500,000 POLICY LIMIT FOR BODILY INJURY BY DISEASE.
 - \$500,000 EACH EMPLOYEE FOR BODILY INJURY BY DISEASE.

SAID EVIDENCE OF INSURANCE SHALL BE PROVIDED ON AN ACORD FORM 27 (OR OTHER FORM ACCEPTABLE TO THE DIOCESE).

ALL SUCH POLICIES SHALL UTILIZE THE ATTACHED **ADDITIONAL INSURED ENDORSEMENT (AIENDT 80800)** AND NAME THE **ROMAN CATHOLIC BISHOP OF SAN JOSE AND THE LOCATION AS ADDITIONAL INSURED** AND MUST PROVIDE ENDORSEMENT EVIDENCING SUCH ADDITIONAL INSURED STATUS AS WELL AS LANGUAGE INDICATING THAT THE INSURANCE POLICIES EVIDENCED SHALL BE DEEMED PRIMARY TO ANY OTHER INSURANCE POLICIES AVAILABLE TO THE ROMAN CATHOLIC BISHOP OF SAN JOSE AS NON-CONTRIBUTORY AND SHALL INCLUDE AN ENDORSEMENT REFERENCING SAME. SAID ENDORSEMENT WILL ALSO INCLUDE LANGUAGE THAT INSURER WAIVES ITS RIGHTS OF SUBROGATION OR OTHERWISE AGAINST THE ROMAN CATHOLIC BISHOP OF SAN JOSE. SAID ENDORSEMENT SHALL ALSO INDICATE THAT A 30-DAY WRITTEN NOTICE OF CANCELLATION OR MATERIAL CHANGE TO ANY OF THE COVERAGE EVIDENCED IN THE CERTIFICATE WILL BE PROVIDED TO THE BISHOP OF SAN JOSE.

SUCH EVIDENCE OF INSURANCE SHALL BE FORWARDED TO THE FOLLOWING ADDRESS AND MUST BE RECEIVED AT LEAST TEN DAYS PRIOR TO OUTSIDE USE OF THE PARISH FACILITY:

ROMAN CATHOLIC BISHOP OF SAN JOSE
C/O DIOCESE OF SAN JOSE
LOSS CONTROL & PREVENTION
1150 NORTH FIRST STREET, SUITE 100
SAN JOSE, CA 95112

WITH A COPY SIMULTANEOUSLY DELIVERED TO THE INSURANCE BROKERS:

Waldorf Risk Solutions, LLC
P.O. Box 590
Huntington NY 11743

¹ Vendor refers to any business, individual or organization providing or donating professional services or renting or using the parish or school facilities.



Loss Control & Prevention

VOLUNTEER DRIVER FORM

Appendix K

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$100,000/\$300,000 Required)

Agent's Name: _____

In order to provide for the safety of those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

Please be aware that as a volunteer driver, your insurance is primary.

Thank you for helping us with our transportation needs.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older (25 years of age to transport children under the age of 18), possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used. I agree that I will refrain from using a cell phone (hands free included) or any other electronic device while operating my vehicle.

Volunteer Driver Signature and Date:

Appendix K



Loss Control & Prevention

Volunteer Driver Acknowledgement Form

Appendix L

- ☐ I am aware I am not to operate any electronic devices (including hands free) while driving.
- ☐ I will only use a cell phone when safely parked.
- ☐ All passengers at all times will be required to wear a seatbelt.
- ☐ I have phone numbers of individuals to call in the event of an emergency or contact when needed.

Print Name: _____

Signature: _____

Date: _____

Appendix L



Proper food handling and storage – reducing the risk of contamination

Appendix M

Due to the illnesses and incidents which have occurred across the United States, there has been more media coverage and information concerning food poisoning. Recently, this has included newspaper articles and television news programs. All have reviewed illnesses which can and have occurred. What is your risk of exposure, and what safeguards should you practice to reduce the potential of a foodborne illness?

Handle food safely

Meat and poultry processors have begun providing additional labeling on packages to better educate and protect consumers. Government agencies including the USDA have been underway in establishing stricter testing and inspection requirements for food processors, as well as programs to assess food safety along the entire food distribution chain. It is important to understand that an improved inspection system can't replace good sanitation and safe food handling by those food handlers responsible for the final storing, preparing, and serving of food. This would include restaurants, schools, parishes, and consumer households. As many schools and parishes routinely prepare and serve food, the following information is being provided to review safe storing, preparation, and serving of food.

- ☐ Refrigerators should be kept at 40 degrees or cooler. Freezers should be kept at 0 degrees. Raw meat and poultry should be refrigerated as soon as possible after purchasing or receiving. At the grocery store or deli, keep raw meats and poultry separated from other perishables. Never thaw frozen meat and poultry on the kitchen counter. Thaw them in the refrigerator. If in a hurry, thaw in a bag under cold running water. If a microwave is used for thawing, the food should be immediately cooked. Always refrigerate when marinating food.
- ☐ Canned goods should be stored in a cool, dry area and should be free of cracks, dents, and bulging.
- ☐ Cooked or prepared food requiring refrigeration should never be left unrefrigerated for more than two hours. In a warm environment, food should sit out no longer than one hour. Refrigerate or freeze cooked/prepared foods in shallow containers rather than deep containers.
- ☐ Refrigeration and freezing does not kill bacteria on food which sat out too long and has started to spoil. When in doubt, throw it out.

Two of the more common types of food poisoning are caused from salmonella and E.coli bacteria. At least 40,000 salmonella infections are reported annually. Experts estimate 500,000 to 4 million infections actually occur.

Any raw food of animal origin (i.e. meat, poultry, eggs, raw milk, fish, and shellfish) may carry salmonella. Food can be contaminated with E.coli when a food handler or cook does not follow good sanitary procedures. Critical to this is washing hands after using a bathroom.

Don't let bacteria spread or grow

The key to preventing an exposure is to not allow any contamination while preparing food and to effectively destroy bacteria during the cooking process. The following steps will greatly reduce the likelihood of a food related illness.

- ☐ Inspect the food to see if there are any signs of contamination or spoilage. Fish, poultry, fruits, and vegetables should be thoroughly washed/rinsed.
- ☐ Always wash your hands with soap prior to handling and preparing food. You should also rewash your hands prior to preparing another type of food or when using a new knife/utensil.
- ☐ Raw meats, fish, and poultry should be cut on an acrylic cutting board, not wood. Use a wood cutting board for fruits and vegetables only.
- ☐ Never serve food on a plate or platter which raw meat, fish, or poultry was cut or prepared on.
- ☐ Never let raw meat, fish, and poultry or their juices come in contact with other foods.
- ☐ If the work area was cleaned with a dishcloth, always immediately switch to a clean one or use disposable paper towels.
- ☐ After cleaning utensils and work areas, an additional measure is to sanitize. This can be done using 2 to 3 teaspoons of household bleach in one quart of water, then thoroughly rinsing with cold water.
- ☐ Always cook food thoroughly. Only thorough cooking destroys bacteria. Thermometers are recommended to determine if the internal temperature of the food you are cooking has reached a safe temperature. Internal temperatures should reach 160 degrees. If the food includes poultry, the temperature should reach 185 degrees.
- ☐ If serving food for an extended period, hot foods should be kept above 140 degrees and cold foods below 40 degrees.

More information

Additional information is available on the Internet from the USDA Food Safety and Inspection Service Home Page at <http://www.usda.gov/fsis>, or by calling the USDA Meat and Poultry Hotline at 1-800-535-4555. Another source is your local government Health Department.

Appendix M