

MEDICAL AUTHORIZATION (required for all team members)

I am covered by health/hospitalization insurance: Yes ___ No ___

Company: _____ Group No. _____

Policy Number: _____ Policy Holder: _____

Relationship: _____

I authorize treatment for myself or my dependent by a qualified care giver in the event I cannot be reached in case of emergency. I authorize hospital/care givers to release any information to any insurance companies or agencies that may apply. In the event of you/your minor child needing medical/mental health care, and especially if a guardian is unable to be present, I hereby authorize Kalos Team Leadership (including: Adult Weekend Lay Director, Spiritual Director, and/or Kalos Board Representative) to receive medical information regarding you/your child as necessary.

Known Allergies:

Prescription drugs:

Do you have any health conditions that may affect your participation?

Yes ___ No ___ If yes, please specify:

RELEASE FORM (required for all team members)

I do hereby release "The Kalos Community" from any and all damages or injuries that occur under reasonable supervision and care.

During the Kalos weekend photos are taken which may be used by Maryland Kalos to promote their program through a website and facebook page.

I prefer that my child's photo not be used for the above purpose: _____

Maryland Kalos has my permission to use photos of my child: _____

**If Team member is under 18 years of age this MEDICAL AUTHORIZATION and
RELEASE FORM must also be signed below by the parent/guardian**

Signature of Team Member: _____ Date: _____

Name of Team Member: _____

Signature of parent/guardian _____ Date: _____

Name of Parent/guardian _____

QUESTIONNAIRE

On sexual misconduct for people who work with children and youth

(Please check the appropriate box. If more space is needed, please use an additional sheet of paper.)

Name: _____

1. Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or a youth? " Yes " No

2. Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult? " Yes " No

3. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part? " Yes " No

4. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part? " Yes " No

5. If your response to any of the foregoing questions is "yes," please provide on a separate sheet of paper all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct.

6. a. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g., indictment, arrest, trial, etc.)? " Yes " No

If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the results of the proceedings) on a separate sheet of paper.

6. b. Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? " Yes " No

7. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? " Yes " No

8. Please provide three adult references (names, complete home addresses, and phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth and adults.

(1) Name _____
Home address _____
(street, city, state, zip)

Home phone _____

(2) Name _____
Home address _____
(street, city, state, zip)

Home phone _____

(3) Name _____
Home address _____
(street, city, state, zip)

Home phone _____



QUESTIONNAIRE RESPONSE FORM

(To be signed by all people who work with children or youth as part of Kalos (formerly known as Maryland Chrysalis. If under 18, a parent or guardian must also sign.)

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered.

Signature: _____ Date: _____

Please print your name: _____

Home address: _____
(street) (city) (state) (zip)

Home phone: _____ E-mail: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian, please print your name: _____