

**SEARCH MONTANA TEAM APPLICATION**

**T-shirt size** \_\_\_\_\_

MAIL TO: Sacred Heart Church – P.O. Box 1016- Miles City, MT 59301

Suggested fee \$35 - No one will be turned down

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Is this an address change? YES NO

I would like to help with music on the weekend? YES NO If yes, how?

Any dietary restrictions?

\*\* (PLEASE INDICATE POSITION YOU ARE APPLYING FOR)\*\*

I am applying for Inside Team Backup

If you are over 18, you will need to complete the Safe and Sacred Recognizing Child Abuse online training. We will offer assistance to out of diocese team members on Thursday night. Safe and Sacred training needs to be completed each year, instructions are enclosed.

**ATTENTION PARENT/GUARDIAN:**

I GRANT permission for video/photo/image that include my child without any other personal identifiers to be published on social media or any other publications.

I DO NOT GRANT permission for video/photo/image that include my child without any other personal identifiers to be published on social media or any other publications.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian if under 18

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEARCH POLICIES**

- No one under the age of 18 is allowed to smoke. If anyone under the age of 18 is caught smoking their parents will be called and the youth will be sent home. **Alcohol and drugs are not allowed.** If alcohol or drugs are found the offender’s parents will be called and the youth will be sent home.
- No two persons should be alone in any area by themselves. One-on-one sharing or conversation must always be done within view of the large group. It is inappropriate to sit on one another’s lap or to lay ones head on another’s lap during talks, activities, or break time.
- If anyone is uncomfortable with actions or intentions of another during talks, activities, or break time it should be reported to the adult leadership immediately.
- Dress is to be appropriate to the weather and along with behavior should conform to the standards of Christian values.

**PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

I have read and agree to the Search policies, and grant permission for my child to participate in the Diocese of Great Falls-Billings Search Program. This activity will take place under the guidance and direction of diocesan employees and/or volunteers from the Diocese of Great Falls-Billings.

I agree on the behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the officers, directors and agents of the Catholic Diocese of Great Falls-Billings and the chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the diocese, its officers, directors and agents, and the chaperones, or representatives associated with the event for reasonable attorney’s fees and expenses arising in connection therewith.

**MEDICAL MATTERS RELEASE**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

**Medications:** My child is taking medications at present. My child will bring such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

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- No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.
  - I hereby grant permission for non-prescription medication (such as aspirin, non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

**Specific Medical Information:** The diocese will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

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**By signing this release, I have read and agree to the following:**

- ◆ Grant permission for my child to attend Search
- ◆ Liability Release
- ◆ Search Policies
- ◆ Emergency Medical Treatment Release
- ◆ Release for prescription medication if deemed appropriate
- ◆ Release for non-prescription medication if deemed appropriate




Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian if under 18

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

# Recognizing Child Abuse™ Course

Please follow the directions listed below to sign up and complete the adult safe environment training course and background screening.



- 1** Go to <https://safeandsacred-diocesegfb.org>
- 2** Click the  button to register on the right side of the page under **IS THIS YOUR FIRST TIME HERE?**
- 3** Complete registration form and click 
- 4** You will be asked to click  to proceed to the secure online background screening application form.
- 5** After completing your online background screening form submission, you will be directed back to the Diocesan training site to complete your course.

## **Recognizing Child Abuse**

*Click to enter Adult Training Course*

- 6** Click the  button and follow the directions.
- 7** A certificate will be issued upon completion of the course and background screening process.  
Additional instructions are found in the training site.

***Thank you for participating in the online training!***