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# CITY MISSION SOCIETY OF BOSTON

## Boston Urban Outreach Leader's Checklist

- ✓ **Return invoice with deposit.** Deposit is non refundable. However we may be able to transfer your group to another event. Planning will not begin until your deposit is received with a signed copy of the invoice.
- ✓ **Arrange for CMS to receive a certificate of insurance from your current provider.**
- ✓ **Final payment to CMS due two weeks prior to the event.**
- ✓ **Collect registration fees/forms from your youth** so that you will have a commitment from them and you will know who is coming. **We strongly discourage anyone who cannot participate in the entire event.**
- ✓ **Distribute and collect signed copies of the enclosed CMS permission slip for each youth participant as well as every adult traveling with your group. WE MUST HAVE A SIGNED COPY OF THIS FORM BEFORE THEY CAN PARTICIPATE IN THE PROGRAM.** Return them with your final payment two weeks prior to the event.
- ✓ **Distribute medical/permission forms for completion.** DO NOT mail these to us, bring them with you. Your group's medical forms are the group leader's responsibility. (We have included a sample form for your use in the event you do not already have up-to-date information. We also strongly encourage you to obtain this information from any adults traveling with the group.)
- ✓ **Review the enclosed Code of Conduct with the group prior to your trip.**
- ✓ **Distribute enclosed packing list to youth.**
- ✓ **Distribute and collect signed copies of the Code of conduct for Adult Participants.** Churches are encouraged to conduct a Criminal Offense Record Investigation (CORI) check on all adult leaders working with youth. All BUO staff have consented to this check and been cleared.
- ✓ **Keep in contact with Carl McDonald (617-742-6830, ext. 210) if the number of participants changes** so that the worksites and programming can be adjusted. Remember these agencies are counting on your group being there to serve.

## Boston Urban Outreach

### Code of Responsibility for Adult Participants

Boston Urban Outreach youth events are planned to offer life-changing experiences for young people. Keeping BUO youth safe is our first priority and adult leaders are important partners in ensuring their safety. Your cooperation in adhering to the following code of ethics is essential to the success of this event and will facilitate the supervision of youth.

Boston Urban Outreach (BUO) adult leaders are required to abide by the BUO Code of Ethics during their participation in BUO programs.

- All participants must treat people of all races, religions, cultures, genders and sexual orientation with respect and consideration.
- All participants must be free of physical and psychological conditions that might adversely affect any minor's health, including, but not limited to, contagious disease.
- Adult leaders will be positive role models for youth by maintaining an attitude of respect, patience, courtesy, maturity and full participation.
- Adult leaders will do everything possible to avoid being alone with a youth other than their own child.

The following behaviors are prohibited:

- **Smoking or using tobacco products in the presence of youth.**
- **Using, possessing, or being under the influence of alcohol, narcotics or illegal drugs.**
- **Sexual advances toward or sexual activities of any kind with anyone.**
- **Physical abuse or bodily injury to anyone.**
- **Physical neglect of a youth, including failure to provide adequate supervision during BUO activities.**
- **Mental or emotional abuse or injury to anyone.**
- **The presence or possession of obscene or pornographic materials at any BUO function.**
- **The use or toleration of profanity in the presence of youth.**

I understand that any violation of this code will be grounds for removal as a BUO adult participant.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name of group \_\_\_\_\_

# Boston Urban Outreach

## Code of Conduct for Youth and Young Adults

Any Boston Urban Outreach (BUO) experience cannot and will not be successful if participants act in ways that are unsafe or disrespectful. Such behavior harms the participant and the community. Therefore, if such behavior occurs, a BUO participant may be sent home at the expense of his or her own family, will not be entitled to a refund and will not be invited to return.

**Unacceptable behavior** includes:

**Acts of violence:** Any act of aggression that threatens the safety of another human being or one's self will not be tolerated during the program. This includes, but is not limited to, hitting, pushing, using weapons or anything as a weapon such as knives, sticks, rocks or other objects. BUO Participants acting in any such violent manner should expect to be sent home immediately.

**Invasion of personal space/privacy:** Space on or around an individual's bed is private and should not be disturbed by anyone who does not sleep there.

**Offensive or threatening language:** Swearing, name-calling, and the use of words or language designed to offend, threaten, or hurt others is unacceptable. This includes threats to the safety of one's self, including suicide threats. Apparent suicide threats will be treated as an emergency and immediate intervention will be sought.

**Destruction of property:** Destruction of the property of another participant, a leader, or any of the sights and locations visited during the BUO program will result in the participant being sent home.

**Public displays of intimacy:** Kissing, sexual touching and excessive physical contact is offensive to some, intimidating to many and exclusive to all. Such actions do not promote open communication and friendship building, and are not considered respectful to the greater community.

**Ignoring or disregarding program leaders:** Leaders and supervisors must be listened to and respected at all times. If a participant refuses to listen to and follow directions, he or she is not showing respect or acting in a responsible manner.

**Leaving the group:** Running away or leaving the group without permission is an assumed safety risk. Participants must be supervised at all times, and leaving that supervision puts everyone at risk. Therefore, any BUO participant who leaves the group unsupervised may be sent home.

**Bringing, possessing, or using drugs and alcohol:** No BUO participant may bring, possess, or use cigarettes, alcohol, or illegal drugs while on the trip. The use of these substances breaks the law and places the entire group at risk. Violation of this policy will result in immediate and mandatory dismissal from the program. This includes the presence or possession of obscene or pornographic materials.

**Please review carefully with all program participants before they attend.**

This is a legally binding release to City Mission Society of Boston (CMS) for Boston Urban Outreach youth participants.

I, \_\_\_\_\_ the undersigned parent/guardian  
(Print name)

for \_\_\_\_\_, state as follows:  
(Print name of child)

I understand that with any volunteer service activity that there may be a risk of physical injury and exposure to hazards associated with manual labor. I agree to discuss these possibilities with my child and advise them to follow instructions carefully. I understand and assume all such risks because the assertion of claims against CMS for personal injury occurring during my child's volunteer service would be antithetical to my support of CMS and its charitable purpose. In consideration of CMS's permitting my child to engage in volunteer activities and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I am granting this release on behalf of my child.

On behalf of myself, my estate and the personal representative thereof, my heirs and assigns, I hereby forever release and discharge CMS, its officers, directors, employees, volunteers and agents from any and all actions, causes of action, suits, demands, costs, claims, losses, liabilities and damages arising at any time out of, or in any way related to, my child's service as a volunteer for CMS. For myself, my estate and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against CMS, its officers, directors, employees, volunteers or agents, arising at any time out of, or in any way related to, my child's service as a volunteer for CMS.

I have read this entire Release and I fully understand it and I agree to be legally bound by it.

Name of minor (print)

\_\_\_\_\_

Name of Parent or Legal Guardian (print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Your relationship to minor \_\_\_\_\_

Date \_\_\_\_\_

Home address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Group Name \_\_\_\_\_

Likewise I understand that **photos** may be taken and/or video or digital recordings (collectively, "Pictures") of my child while they engage in volunteer activities. All photos will be taken in a completely proper and professional manner. I hereby give my permission for the use of these pictures as long as my child is NOT individually identified.

Name of minor (print)

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Name of Parent or Legal Guardian (print)

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Signature

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Date \_\_\_\_\_

This is a legally binding release to City Mission Society of Boston (CMS) for Boston Urban Outreach adult participants.

I, \_\_\_\_\_ the undersigned state as follows:

(Print name)

I understand that with any volunteer service activity that there may be a risk of physical injury and exposure to hazards associated with manual labor. I understand and assume all such risks. Because the assertion of claims against CMS for personal injury occurring during my volunteer service would be antithetical to my support of CMS and its charitable purpose and in consideration of CMS's permitting me to engage in volunteer activities and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I am granting this release on my behalf.

On behalf of myself, my estate and the personal representative thereof, my heirs and assigns, I hereby forever release and discharge CMS, its officers, directors, employees, volunteers and agents from any and all actions, causes of action, suits, demands, costs, claims, losses, liabilities and damages arising at any time out of, or in any way related to, my service as a volunteer for CMS. For myself, my estate and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against CMS, its officers, directors, employees, volunteers or agents, arising at any time out of, or in any way related to, my service as a volunteer for CMS.

I have read this entire Release and I fully understand it and I agree to be legally bound by it.

Name (print)

\_\_\_\_\_

Signature

\_\_\_\_\_ Date \_\_\_\_\_

Home address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Group Name

\_\_\_\_\_

Emergency contact name

\_\_\_\_\_

Emergency Contact's phone number(s)

\_\_\_\_\_

Email

\_\_\_\_\_

## Medical Release and Permission Form

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Parent Contact Information:

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Other Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact other than parent or guardian:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Relationship to participant \_\_\_\_\_

**Instructions:** Completing this form assures that your child's trip will be healthy and happy. Please return this form as soon as possible. Thank you for your cooperation!

### Health History

Please check below those that apply and give approximate dates where applicable.

Disorder/Disease	Date	Disorder/Disease	Date	Allergies	Date
<input type="checkbox"/> Frequent Ear Infections		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Hay Fever	
<input type="checkbox"/> Seizure Disorders		<input type="checkbox"/> Mononucleosis		<input type="checkbox"/> Poison Ivy	
<input type="checkbox"/> Bleeding/ Clotting Disorder		<input type="checkbox"/> Heart Defect/Disease		<input type="checkbox"/> Insect Stings	
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Penicillin	
<input type="checkbox"/> Eating Disorder		<input type="checkbox"/> Measles		<input type="checkbox"/> Other Drugs	
<input type="checkbox"/> Attention Deficit Disorder		<input type="checkbox"/> German Measles		<input type="checkbox"/> Asthma	
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Mumps		<input type="checkbox"/> Other (specify)	

Operations or serious injuries (dates): \_\_\_\_\_

Dietary restrictions or special needs: \_\_\_\_\_

Current medications (send with instructions) \_\_\_\_\_

Is there any factor that makes it advisable for your child to follow a limited program of physical activity? If yes, please explain \_\_\_\_\_

Do you object to routine, over the counter medications such as Tylenol, Benedryl, Tums, etc.? \_\_\_\_\_

Does your child have severe allergic reactions? \_\_\_\_\_ To what? \_\_\_\_\_

Does your child carry an Anaphylactic kit with epinephrine? \_\_\_\_\_

Date of your last Tetanus shot \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you carry medical insurance? \_\_\_\_\_ Carrier \_\_\_\_\_

Policy no. \_\_\_\_\_

Contact number \_\_\_\_\_

*If your child participates in an HMO, please notify your health care provider when your child is leaving on the trip. This will provide referral benefits in case of an emergency.*

Additional Information: Please provide any background information that might help us interact more effectively with your child.\* For example, if your child receives care or takes medication for emotional, learning, and or psychological concerns, reacts strongly to new situations, has a history of homesickness, or any other information that will help your child feel safe and comfortable throughout the pilgrimage experience.

\*Any and all information you provide is private and used only to make your child's trip more successful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Authorization**

In the event that I cannot be reached in an emergency, I give permission to the group leaders to secure and administer treatment for my child including hospitalization, anesthesia, surgery, and necessary transportation. I will not hold these leaders responsible for the consequences of exercising this power so long as they act in good faith with the best interest of my child in mind. I further consent to any treatment by any hospital or physician which, in their judgment, is in the best interest of my child. I expect to be informed of my child's condition and of treatment provided as soon as possible.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

## Boston Urban Outreach

### *SUGGESTED Packing List for Weekend Events*

- Sleeping bag
- Pillow
- Toiletries (remember no shower facilities are available)
- Comfortable CLOSE-TOED shoes (you are not allowed to wear sandals, flip flips, clogs or other loose fitting footwear to the worksites. Kitchen sites also don't allow people to wear shorts.)
- Socks
- Comfortable, appropriate clothes for your work project
- Rain/snow gear (depending upon the weather. Some groups will be walking in the city so will need appropriate outdoor garments)
- Modest night clothes
- Medications: Prescriptions must be in their original containers. Non-prescription drugs should be sent only if regularly used. Don't rely upon the leaders to have these products to dispense.

#### Optional:

- Sleeping Mat (we have 18 inflatable mats at our Charlestown site)
- Journal
- Book to read
- Disposable camera (at sites, always ask for permission to take pictures and never take pictures during worship services.)
- Flashlight

#### What **not** to bring:

- Skateboards and other bulky sports equipment
- Excessive snack foods
- Lots of money. (plan on a church offering if you are in town on)

Note to leaders: It is helpful to remind youth that they will be representing their church and should avoid t-shirts with inappropriate sayings. During warm weather they should avoid wearing very short shorts and midriff exposing shirts. Tank tops and low hung pants that show your underwear are also inappropriate for this trip.

Cell phones and electronics should NOT be brought to the worksites. There is usually no safe place to store these items and they frequently get lost or left behind. Consider taking a "break" from electronics during the trip!



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# CITY MISSION SOCIETY OF BOSTON

## Boston Urban Outreach

What can you donate that is helpful?

- ✓ Paperback dictionaries for Prison Book Program (especially Spanish/English) You can purchase paperback dictionaries at Dollar Stores and then resell them to your congregation for \$5 each. The additional money helps pay the cost of shipping the books to the prisoners.
- ✓ Money: The number one need of all non profits is money, so your donation will be put to immediate use.
  - Spare Change : Set up a spare change jar and collect spare change for a period of time.
  - Fundraising: Plan an event that will call attention to the needs of others and then raise money to support the cause.
- ✓ Collect items for Spread the Joy bags:: Toiletries, wipes, new white socks, healthy snacks.
- ✓ Gift cards in any denomination to drugstores, grocery stores or even fast food restaurants or coffee shops.
- ✓ Plan an “Undie Sunday” and collect new underwear.
- ✓ Contribute to the Fresh Start program with donations of bath towels and toiletries for transitional shelters.
- ✓ Collect school supplies, art supplies and backpacks for inner city school children.
- ✓ Collect good used books for City Books a project of Boston Urban Outreach to benefit three worthy causes.
- ✓ Plan a used clothing drive.
- ✓ Bath mats, mops, brooms, buckets and floor cleaners are great items for people living in group homes who are responsible for cleaning their own rooms.
- ✓ Basic household goods such as dishes, cleaning items, bedding and other items are great for people who are moving out of shelters.
- ✓ Got an excess of anything? Just ask us and we will try to match your donation to an agency that can use the goods.