



SPRED
SPECIAL RELIGIOUS DEVELOPMENT
Archdiocese of Chicago

SPRED Parish Chairperson Forms Directory

Forms 1 - 4 are to have a record at the parish of participation, background information and permission and consent forms.

Forms 5 – 7 are to be completed to communicate to the SPRED Office new catechist and friend participants and transfer and retirement information.

1. Home Visit Form – Stored at the parish with SPRED files

Completed with family or guardian present to become acquainted with the Friend. The contact form provides for individual demographic information, sacramental history, abilities and challenges and, emergency contact, etc. To protect the personal history nature of this information, should be secured in a locked cabinet at the parish. Pertinent information will be communicated to the catechist community to acquaint them with the new community member and be aware of any medical or behavioral issues that may come up in the course of a session.

2. Permission Form and Waiver Template – Stored with parish SPRED files

Annual permission form signed by parent or guardian, covering participation, photography

3. Volunteer Driver Registration Form – Stored with PC files

To be completed by any volunteer driver who provides transportation for SPRED Participants when transportation is necessary and with the approval of parent/guardian

4. Insurance Information for Drivers and Parishes

Guidelines for transportation.

5. Initial Profile Form for Persons with Disabilities – Forwarded to the SPRED Office

To communicate the participation of new Persons with Intellectual and Developmental Disabilities in the SPRED Community.

6. Initial Catechist Profile Form – Forwarded to the SPRED Office

To communicate the demographics of new Catechist Participation to the SPRED Office

7. SPRED Group Update Form – Forwarded to the SPRED Office

Changes in participation can be reported by email as they occur or with this form when multiple occur such as at the end of a session year.

To report to the SPRED Office departures of catechists and persons with intellectual or developmental disabilities due to retirement from the parish SPRED community or transfer to another SPRED group.

SPRED Office: spred@archchicago.org

Cardinal Meyer Center 3525 S. Lake Park Chicago, IL 60653 312-842-1039



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HOME VISIT FORM

The mission of SPRED is to form small communities of faith within a parish setting to welcome persons with intellectual and developmental disabilities and foster inclusion in assemblies of worship.

Name: _____ Date of Birth: _____

Mother: _____ Father: _____

Address: _____

Primary Cell Phone: _____ Secondary Phone _____

Email address: _____

Names of Brothers/Sisters _____

Legal Guardian _____

Facility _____

Home Parish _____ Registered Yes No

SACRAMENTAL HISTORY

Baptism Date _____ Church _____

First Communion Date _____ Church _____

Confirmation Date _____ Church _____

Reconciliation Date _____ Church _____

BACKGROUND INFORMATION

Diagnosis or description of special needs _____

Physical Needs: _____

Communication Skills: _____

Corrective Aids: _____

Toileting needs: _____

Fears Phobias: _____

Enjoyable Activities: _____

Areas of Frustration: _____

Behavior Triggers: _____

Behavior Programs: _____

Suggested Calming Techniques if overexcited: _____

Independent Skills: _____

School/Workshop/Employment: _____

Relationships: _____

Interaction with family: _____

Interaction with peers: _____

Interactions with teachers/staff: _____

EMERGENCY CONTACT INFORMATION

Who to contact: Parent/Guardian _____ Phone _____

Other/Relationship _____ Phone _____

Physician: _____ Phone _____

Hospital: _____ Phone _____

Medications: _____

Allergies/Type _____

History of Seizures? Yes No Describe: _____

Other comments: _____

_____/_____

Signature of Parent(s), Guardian or Catechist

Date



VOLUNTEER DRIVER REGISTRATION FORM

Name of Driver: _____

Address: _____

Driver's License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

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

In order to provide for the safety of those we serve, we must ask each volunteer to confirm the following:

	<u>TRUE</u>	<u>FALSE</u>
1. I have NOT had a conviction for a violation of law involving drugs or alcohol while driving (such as driving under the influence or driving while intoxicated).	_____	_____
2. I have had no moving violations or accidents in the last three years.	_____	_____

Thank you very much for volunteering to help us with our transportation needs.

Certification

I understand that driving as a volunteer for an Archdiocesan, parish or school ministry is a serious responsibility and I will exercise extreme care and due diligence while driving. I hereby acknowledge and agree that as a volunteer driver, my insurance is primary and if I am an employee of parish or agency of the Archdiocese I am volunteering to act as a volunteer driver outside of the scope of my employment. By signing below I hereby warrant and certify that: (i) I am 21 years of age or older; (ii) the vehicle I intend to use as a volunteer is properly maintained and safe for transporting people; (iii) I will refrain from using a cell phone or any other electronic device while operating a vehicle as a volunteer driver; (iv) I possess a valid driver's license; (v) I have the proper and current license and vehicle registration for the vehicle I will operate as a volunteer; (vi) I have the above-referenced insurance coverage in effect which covers my operation of the vehicle I drive as a volunteer; (vii) if I am driving minors as a volunteer driver, I have satisfied all requirements of the Archdiocesan Office for the Protection of Children and Youth as set forth at the following webpage and which may change from time to time <https://protect.archchicago.org/compliance-resources>, including the obligation to have completed and passed the eApps Online Criminal Background Check, the DCFS CANTS Process and the PGC-Virtus Training, as well as the requirement to have signed and returned the Archdiocesan Code of Conduct form; and (viii) the information I have provided on this form is true and correct. I acknowledge that my participation as a volunteer driver could result in injury, illness, death and/or property damage and I expressly assume the risk of all such harm that could result from driving. As part of the consideration for being allowed to participate in the Archdiocesan, parish or school ministry as a volunteer driver, I hereby expressly agree to release, discharge, indemnify, defend and hold The Catholic Bishop of Chicago, an Illinois corporation sole, its parishes, schools affiliates and all of their clergy, officers, employees, agents, successors and assigns harmless from any and all liabilities, claims, damages and demands of whatever kind or nature, either in law or in equity, which result from my participation as a volunteer driver. The provisions of this registration form are intended to be as broad and inclusive as permitted by the laws of the State of Illinois and shall be governed in accordance with such laws. In the event that any provision of this registration form shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions hereof, which shall continue to be enforceable. My participation as a volunteer driver is voluntary and without the expectation of remuneration of any kind, other than the goodwill received which is hereby acknowledged. I have signed this registration form freely and voluntarily.



Insurance Information for Parish Drivers

All drivers (Archdiocese employees and/or volunteers) must:

- Be at least 21 years old.
- Complete the Volunteer Driver Form.
- Have a valid Driver's License.
- Be willing to provide the parish with their driving record if requested.
- Have at least one other adult in the vehicle with them.

Parish-Owned Vehicles

- The Archdiocese Insurance Program covers vehicles owned by the parish with Gallagher Bassett providing administration of claims.

Private Vehicles

- The driver must have adequate automobile insurance coverage. The minimal acceptable liability limit for privately owned vehicles is \$100,000 per occurrence/ \$300,000 aggregate.
- Insurance Coverage follows the automobile. In the event of an accident, the vehicle's liability coverage is primary. Additional coverage from the Archdiocese program above the limits of the vehicle's policy, would be based on the circumstances of the event and whether the driver was performing parish business.

Bus Rentals

- The transportation company must provide proof of insurance, with primary plus excess liability limits totaling at least \$10M.

Rental Vehicles

- The largest size van available for transportation of youth is 12-passenger. 15 passenger vans are not permitted.
- We do have an agreement with Enterprise Rentals.
- If the vehicle is used entirely for church activities (no personal side trips), the rental company's physical damage can be rejected.

Other Transportation Notes

- No firearms are to be carried in the vehicle at any time.
- A separate seatbelt must be worn by each passenger.

In event of a car accident:

- Call 911 to report the incident (tell the 911 operator you need an ambulance if anyone is injured).
- Obtain names, address and phone numbers for any witnesses.
- Call your parish supervisor to report the accident.
- Call insurance provider to report accident.
- Call your personal insurance company if you were driving.
- If a person or school vehicle is involved, first call Gallagher Bassett (888.295.4921) and then call your personal insurance.
- If a rental vehicle is involved, call the rental company customer service line to report the accident.
- Report all incidents involving a parish or school vehicle to Gallagher Bassett (888-256-4921).

In the event of a (non-car accident related) injury:

- If a person is hurt on parish property or on a parish-sponsored event, such that they require medical attention, report the accident to your supervisor and call Gallagher Bassett at 888-256-4921.

High Risk Activities

- Our insurance does not cover bouncy houses/castles. Parishes should not rent or use these items.

Certificate of Insurance or Liability

- Event operators need to provide proof of insurance with primary plus excess liability limits totaling at least \$10M.



2026-2027 SPRED Profile Form for New Catechists

SPRED Group Name: _____

Age Group: 6 to 10 11 to 16 17 to 21 22+

Please complete and submit for newly participating catechists.

Catechist First Name:	Last Name:
Street Address:	City, State ZIP:
Phone:	Email:
SPRED Entry Date:	Home Parish Name if different from SPRED Parish:

Catechist First Name:	Last Name:
Street Address:	City, State ZIP:
Phone:	Email:
SPRED Entry Date:	Home Parish Name if different from SPRED Parish:

Catechist First Name:	Last Name:
Street Address:	City, State ZIP:
Phone:	Email:
SPRED Entry Date:	Home Parish Name if different from SPRED Parish:

Submitted by: _____
Name
Date



2026-2027 SPRED Persons with Disabilities Profile Form

SPRED Group Name: _____

Age Group: 6 to 10 11 to 16 17 to 21 22+

First Name:	Last Name:	Date of Birth:
Address:		City, State ZIP Code
Phone:	Email:	
Home Parish:		SPRED Entry Date:
Father/Guardian Full Name:		Mother/Guardian Full Name
If above is next of kin or guardian rather than parent, indicate here: Next of kin _____ Guardian _____		
Parent Address (If different from above)		City/State Zip Code
If person is living away from home give name and full address of facility.		

First Name:	Last Name:	Date of Birth:
Address:		City, State ZIP Code
Phone:	Email:	
Home Parish:		SPRED Entry Date:
Father/Guardian Full Name:		Mother/Guardian Full Name:
If above is next of kin or guardian rather than parent, indicate here: Next of kin _____ Guardian _____		
Parent Address (If different from above)		City, State Zip Code
If person is living away from home, please include name and full address of facility below.		

Please complete and submit for newly participating persons with disabilities to the SPRED Office..

Submitted by: _____
Name
Date



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2026-2027 SPRED Retirements and Transfers

SPRED Group Name: _____

Age Group: 6 to 10 11 to 16 17 to 21 22+

Please complete to accurately track participation of catechists and persons with disabilities in your SPRED group.

Retired or Transferring Catechists

Catechist Name	Date	Retired / Other

Retired or Transferring Persons with Disabilities

PWD Name	Date	Retired / Reason	If Transferred / SPRED Center Name