

Our Lady of Grace Parish 497
Second Hill Lane
Stratford, CT 06614-2595
203-377-0928/203-377-5235 (fax)
olgstratford.com

CALENDAR REQUISITION FORM

Name of Organization: _____

Type: ___ Administration ___ Parish Program ___ Organization ___ Other

Name of your event: _____

Does your organization need liability insurance? ___ Yes ___ No

What insurance coverage does your organization have?

___ Parish Program ___ Certificate of Insurance* ___ Other

*A current Certificate of Insurance from your carrier listing Our Lady of Grace and the Diocese of Bridgeport as held harmless.

Are you and your organization compliant with the requirements of the Safe Environment Initiative?

___ Yes ___ No

If no, leader/supervisor is responsible for workers/volunteers on Parish property and must sign the appropriate "Executive Summary" in the Safe Environment Booklet and submit to the Parish Office before the event or project.

Date(s) and Time(s) facility is needed:

Set up time required: (date & time)

Parish building space requested:

Check that all apply

- ___ Church
- ___ Gym
- ___ Kitchen
- ___ Madonna Hall
- ___ Classroom(s) & #___
- ___ Parking Lot

If you would like our maintenance personnel to set-up tables and chairs for your function, please attach a diagram or description of your floor plan to this form. Please allow set-up time in the planning your event.

For any function on parish property, the vendor must comply with the financial standards as set forth by the Our Lady of Grace Corporation and the Diocese of Bridgeport.

Signature of Parish Leader: _____

Approved by: _____

Date: _____

Date: _____

Our Lady of Grace Parish

PURCHASE VOUCHER

Procedure for purchasing items/services for the Parish:

1. Group/Committee Leaders are to complete the Purchase Voucher with all necessary information and submit it to the Parish Manager.
2. Parish Manager will submit Purchase Vouchers to the Pastor once a week for his approval. In the case of an emergency, this process can be accelerated.
3. Once the Pastor reviews the Vouchers, the Parish Manager will notify the department with the status of their request.
4. Invoices will only be paid if a Purchase Voucher has been approved by the Pastor.

Parish Program: _____

Date of Request: _____

Pay to: _____

Amount: _____

Reason for Voucher & Description of Item(s)

Submitted by: _____

For Office Use:

Approved for payment: _____ Date: _____

Date of Payment: _____

Chart of Acct #: _____

Group Leader VOLUNTEER REPORT

*Submit this report to Deacon McLaughlin by the first of every quarter
(January 1, April 1, July 1, October 1)*

Directions

Registration of current volunteers by group leader

1. On a separate sheet, make a list of the current volunteers in your ministry.
2. Mark the list if anyone has become inactive and list reason (if appropriate).
3. Make note on your list of any issues parish administration should be made aware of.

For new volunteers:

1. All new volunteers have to fill out a "Volunteer Information Form" (attached).
2. They are to pre-register for a Virtus Session before they begin their ministry. Pre-registration is done online: www.virtus.org or call George Zmary or Deacon Rob at the Parish Office for assistance.
3. Once they have attended a session, they will provide the parish with the paperwork (copy of virtus card, authorization for a background check, signed acknowledgement).
4. If they have already been trained, we need a copy of their card and a new background check will have to be done.

Volunteer Information

New Volunteer:

Name: _____

Address: _____

Phone (cell) _____ (Home) _____

Email Address: _____

Assigned Ministry: _____

Ministry Leader Signature: _____

Volunteer: Change of Ministry

1) Please update profile information if different

2) New Ministry: _____

3) Date effective: _____

Ministry Leader Signature: _____

For Office use only:

- Time & Talent
- Calling Post
- Safe Environment
- Other

Our Lady of Grace Church
497 Second Hill Lane
Stratford, CT. 06614
203-377-0928

First Instance Report

When an accident, fall-injury or at-risk situation occurs, the Parish Staff member who receives the information must complete the following form.

Date: _____

Time of event: _____

Describe the situation: _____

Name of person involved: _____

Address: _____

Phone: _____

Contact: _____

Action taken by the parish staff in response to the incident: _____

Staff signature: _____

Date: _____

For office use only:

Date received by office: _____

File #: _____