

# Chaplain Corps Activities Registration

Garrison - **Stuttgart**

**Select 1  
Religious Interest &  
Location**

Catholic - Panzer  
Chapel Next - Panzer  
Gospel - Panzer  
Jewish

Catholic - Patch am pm  
Liturgical Prot - Panzer  
Protestant - Patch  
Joint Faith Activities

Catholic - RB  
Protestant - RB



Program Interest

Sponsor/Parent Last Name

Sponsor/Parent First Name

Same as participant?

Personal Email 1 (required)

Personal Email 2 (optional)

Sponsor/Parent Phone (required)

Sponsor/Parent Phone (optional)

Participant Last Name

Participant First Name

Participant Age

Participant Grade

For Catholic Programs - Sacraments Obtained:

Baptism	Yes	No
First Reconciliation	Yes	No
First Communion	Yes	No
Confirmation	Yes	No

*For sacramental year classes, documentation will be needed.*

**Please read through these sentences, and check the box to the right of each option to respond "yes", or "no."**

I grant approval for my child (or agree as an adult) to participate in this chapel program and hereby release the Garrison Chaplain's office from any liability arising from participation.      Yes      No

I give consent for the chapel team to give or seek medical aid required in the case of an emergency.      Yes      No

I give permission to the Garrison Chaplain's office to use photographs or videos that are taken of me / my child while participating in this program for use in chapel publicity material.      Yes      No

I give permission for my contact information to be used by the selected program in a congregational directory and for chapel emails.      Yes      No

Do you / your child have any allergies or Special Needs that the chapel leaders should be aware of?      Yes      No

✘ If you answer yes, then the Garrison Chaplain's Office will contact you for a confidential conversation so that we can partner with you for your best care and participation.

**What chapel volunteer roles interest you?**

**Click yes to get a child protection background check packet.**      Yes      No

Chapel Leaders will coordinate with you about PII and computer security if the event includes online activities.

Additional authorizations may be required based on activity or program. (Ex. overnight events, chapel childcare, and the AMS Assessment Process.)

## To register for an activity, you must accept the terms of the Privacy Statement

Privacy Act Statement

1. AUTHORITY: The information is being collected IAW the provisions of 5 USC 301.
2. PURPOSE: To provide data on religious education needs to determine and administer educational training to the military community served. To record attendance and participation in chapel programs.
3. ROUTINE USES: Any information you provide is disclosed to members of the Dept of Defense who have a need for the information in the performance of their duties. In addition, the information may be disclosed to federal, state, and local government agencies outside of the Dept of Defense specified in "Blanket Routine Use", 48 Federal Register 25502.
4. VOLUNTARY DISCLOSURE: Providing the information is voluntary. There will be no adverse effect on you for not furnishing the information other than that certain information may not otherwise be available.

FOR OFFICIAL USE ONLY: This information may be disseminated within the DoD components and between officials of the DoD components and DoD contractors, consultants, and grantees as necessary in the conduct of official business. FOUO information may also be released to officials in other departments and agencies of the executive and judicial branches in performance of a valid government function. (DoD Directive 5400.11, "Department of Defense Privacy Program," May 8, 2007.) This is to provide tracking of chaplains' compliance to the regulations on child protection (Public Law 101-647, DoDI 1402.5, Army Directive 2014-23, "Chief of Chaplains Child Protection Guidance at Chaplain Sponsored Events" 10 March 2016).

**I accept the terms in the Privacy Statement. Yes**

By initialing, I recognize that my signature (ink or digital) on this form constitutes my legal permission and consent.

Signature of Adult Participant or Parent/Guardian

Date Signed