

Training Dates:

Unless otherwise stated— all sessions begin with check-in/registration at 8:45 a.m. We will attend Liturgy as a group during the training day. The day will end by 4:30 p.m. Lunch will be provided—but we ask that you bring a snack or a 3 liter bottle of soft drink to share.

September 27, 2009—Chancery, Victoria

You must respond by September 22nd to attend this session.

October 18, 2009—Location—TBA

You must respond by October 14th to attend this session.

November 15, 2009—Location—TBA

You must respond by November 11th to attend this session

December 6th, 2009—Location—TBA

You must respond by December 2nd to attend this session

January 16-17, 2010—Retreat, Spiritual Renewal Center, Victoria

Please respond by January 13, 2010

January 31, 2010—Junior High Fiesta (tentative)

More information will be given prior to the event.

February 14, 2010—Confirmation Retreat Facilitation

February 27, 2010—Spectacular Planning

March 7, 2010—High School Spectacular (tentative)

More information will be given prior to the event.

March 13, 2010—Confirmation Retreat Facilitation

Mandatory session for
all Camp David staff!!!

**April 18, 2010—Chancery - Camp David Planning—
Only Camp David staff needs to attend.**

**Save The Date—January 23, 2010—Pro-Life Rally in Austin Texas. -
More information prior to the event.**

OFFICE OF YOUTH AND YOUNG ADULT MINISTRY ♦ DIOCESE OF VICTORIA IN TEXAS PERMISSION FORM/MEDICAL RELEASE

NAME _____ Sex _____ Grade _____

Address _____ City _____

St/Zip _____ Phone (____) _____

Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____

Address (if different than above) _____

Phone (if different than above) (____) _____ cell (____) _____

I request and give my consent for participation by my son/daughter, _____
in the youth leadership program sponsored by the Office of Youth Ministry of the Diocese of Victoria from August, 2009 through December, 2010 I understand that the activity will take place at **various locations throughout the diocese** and that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity.

I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located. I also give permission for my son/daughter to be photographed or videotaped, and that these pictures may appear in the newspaper or other publications. The video may be used for educational purposes or informational purposes regarding programs or curriculum at the Diocese of Victoria.

(please initial for consent) Photo Disclaimer: I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date _____ Parent's Signature _____

Family Physician _____ Phone (____) _____

Address _____ City/State/Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____ Medication that my son/daughter is allergic

to: _____ Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name of Insurance Company _____ Phone (____) _____

Address _____ City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____

This form MUST be filled out completely and returned with application—reverse side, by September 22, 2009.

Youth Leadership Application

This entire application, as well as the back permission/medical release form *must* be filled out completely. Upon completion, return to the parish youth director, DRE/ or parish priest for them to complete the form and return to the youth office. All forms must be returned to the Office of Youth Ministry prior to attending any Youth Leadership training dates.

Name: _____ T-shirt Size: _____

E-mail address: _____ Cell Number: _____

What ministry in your parish are you currently engaged in? _____

Please describe the qualities, gifts and talents, which you bring to peer ministry? _____

Rate your skills: (1 being weak, 5 being strong)

Relates well with others:

1 2 3 4 5

Sense of confidence in self:

1 2 3 4 5

Open to new learning:

1 2 3 4 5

Able to take criticism:

1 2 3 4 5

Able to work under the direction of another:

1 2 3 4 5

Honest and open with others:

1 2 3 4 5

Well developed faith life:

1 2 3 4 5

Reliable:

1 2 3 4 5

Able to work as part of a team:

1 2 3 4 5

Able to take initiative and complete projects:

1 2 3 4 5

To be filled out by parish priest, youth minister, or DRE

Additional comments: _____

My signature is indication of my recommendation for this person to be part of the youth leadership program:

Signature: _____

Title: _____

Please mail to: Office of Youth Ministry • Diocese of Victoria • 1505 E. Mesquite • Victoria, Texas 77901 • Questions???? 361-573-0828 ex 32/ ex 50 • dvanelli@victoriadiocese.org or jortega@victoriadiocese.org

Mission Statement:

The Youth Leadership Training Program is designed to instill and enhance leadership skills and provide ministry opportunities for high school and college age young people of the diocese.

Our mission is for each participant of the training to deepen their faith life, become confident in the gifts and talents that God has given them and be able to express that faith in such a way for them to be role models for all young people.



This series of training is designed for high school students **who are considered leaders in their parishes**. This training will equip one with the knowledge and confidence to facilitate at retreats and in other parish leadership roles. **We ask that you attend all the training sessions to get a complete overview of the program.**

PARTICIPATION OR COMPLETION OF THIS PROGRAM DOES NOT GUARANTEE THAT YOU WILL BE ASKED TO STAFF AT CAMP DAVID OR OTHER EVENTS SPONSORED BY THE OFFICE OF YOUTH MINISTRY.

Youth Leadership Training

Youth Leadership Education for participation in retreat ministry and parish youth leadership ministries

2009-2010



This training program is designed for high school leaders.

Sponsored by:
Office of Youth and Young Adult Ministry
Diocese of Victoria
1505 E. Mesquite
Victoria, Texas 77901
Debbie Vanelli, Director
(361) 573-0828 ex 32
Jose Ortega, Assoc. Director
(361) 573-0828 ex 50