

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: _____

Best to communicate with you: Email Text Mail to Home Facebook

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

Honest and open with others:

1 2 3 4 5

Sense of confidence in self:

1 2 3 4 5

Well developed faith life:

1 2 3 4 5

Open to new learning:

1 2 3 4 5

Reliable:

1 2 3 4 5

Able to take criticism:

1 2 3 4 5

Able to work as part of a team:

1 2 3 4 5

Able to work under the direction of another:

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: _____

MISSION STATEMENT:

“To Know God and To Make God Known”

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 and college students **who are considered leaders in their parishes**. This training will equip one with the knowledge and confidence to be a facilitator at retreats and in other parish leadership roles.

WE ASK THAT A SINCERE COMMITMENT IS MADE TO ATTEND ALL THE TRAINING SESSIONS, AS THEY BUILD ON ONE ANOTHER.

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.



SPONSORED BY:

Office of Youth and Young Adult Ministry

Diocese of Victoria
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Victoria, Texas 77901

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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. Although we expect participants to attend ALL the sessions, we appreciate you confirming prior to each session so we have an accurate lunch count.

September 18, 2011—Chancery, Victoria Please respond by September 15

NOTE—SEPTEMBER 28, 2011 IS THE LAST DAY FOR LATE REGISTRATION FOR YLT FOR THE 2011-2012 YEAR.

October 9, 2011 - Chancery , Victoria - Please respond by October 5

November 5, 2011 - Chancery, Victoria - Please respond by November 1

December 4, 2011 - Chancery, Victoria - Please respond by November 30

January 7-8, 2012—Retreat—Location TBA - Please respond by January 3

January 21, 2012—Confirmation Retreat Facilitation
Please respond by January 17, 2012 ***

January 28, 2012—Pro-Life Rally in Austin - Please respond by January 17

February 4, 2012—Spectacular Planning - 1-5 p.m.
Please respond by January 31

February 19, 2012—Youth Spectacular—Holy Family in Victoria
Please respond by February 15

March 25, 2012—Confirmation Retreat Facilitation
Please respond by March 20 ***

April 22, 2012—Chancery - Camp David Planning
Only Camp David staff needs to attend.

THIS TRAINING IS MANDATORY IN ORDER TO STAFF CAMP DAVID

*** At least one of these two retreats must be attended to be considered to staff summer camps

OFFICE OF YOUTH AND YOUNG ADULT MINISTRY ◊ DIOCESE OF VICTORIA IN TEXAS

PERMISSION FORM/MEDICAL RELEASE

Name _____ Gender _____ 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, 31, 2011 through December 31, 2012. I understand that the activities 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.

_____ 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 # _____ I do not have insurance at this time

This form **MUST** be filled out completely and returned with application on the reverse side by September 15, 2011