YLT 2012-2013

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.

tense of confidence in self: 1	Title:	
Rest 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: Honest and open with others: 1		
Real Number:	My signature is indication of my reco leadership program:	ommendation for this person to be part of the youth
Real Number:	Additional comments:	
Rell Number:	•	
Seest to communicate with you: Email	1 2 3 4 5	1 2 3 4 5
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Rest to communicate with you: Email	1 2 3 4 5	
Best to communicate with you: Email Text Mail to Home Facebook	Open to new learning:	Reliable:
Sest to communicate with you: Email Text Mail to Home Facebook	Sense of confidence in self:	Well developed faith life:
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?	Relates well with others: 1 2 3 4 5	
Cell Number: Best to communicate with you: □ Email □ Text □ Mail to Home □ Facebook What ministry in your parish are you currently engaged in?	Rate your skills: (1 being weak, 5 being strong	3)
Sell Number: Best to communicate with you: □ Email □ Text □ Mail to Home □ Facebook	Please describe the qualities, gifts and ta	alents, which you bring to peer ministry?
Sell Number: Best to communicate with you: □ Email □ Text □ Mail to Home □ Facebook		
Cell Number:	•	
-mail address:		
	-mail address:	

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 1505 E. Mesquite Victoria, Texas 77901

Wendy Eggert, Director (361) 573-0828 ex 2250 weggert@victoriadiocese.org

Office email: ym@victoriadiocese.org

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 23, 2012—Chancery, Victoria Please respond by September 19

NOTE—OCTOBER 1, 2012 IS THE LAST DAY FOR LATE REGISTRATION FOR YLT FOR THE 2012-2013 YEAR.

October 7, 2012 - Chancery , Victoria - Please respond by October 3

November 4, 2012 - Chancery, Victoria - Please respond by October 31

December 9, 2012 - Chancery, Victoria - Please respond by December 5

January 12-13, 2013—Retreat—Location TBA - Please respond by January 9

January 20, 2013—Confirmation Retreat Facilitation

Please respond by January 16 ***

January 26, 2013—Pro-Life Rally in Austin - Please respond by January 20

February 10, 2013—Spectacular Planning - 1-5 p.m.

Please respond by February 6

February 24, 2013—Youth Spectacular—Holy Family in Victoria

<u>Please respond by February 20</u>

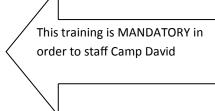
March 24, 2013—Confirmation Retreat Facilitation

<u>Please respond by March 20 ***</u>

April 21, 2013—Chancery - Camp David Planning

Only Camp David staff needs to attend.

*** 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 Bi	rthdate	Par	ish				
Parent/Legal Guardia	ın's Name						
Address (if different th	han above)						
Phone (if different that	an above) ()		cell ())			
in the youth leaders 31, 2012 through De diocese and that my guardian I agree to de volunteers from any of	nd give my consent for particle program sponsored acember 31, 2013. I under son/daughter will be under efend, indemnify and hold claims, costs or expenses ipation in the above mentice.	by the Officerstand that the rethe supervision harmless the for property of the control of the c	e of Youth Ministry of the activities will take place sion of diocesan and/or per Diocese of Victoria, its clamages, personal injurie	he Diocese of V e at various loca parish personnel. clergy, officers, a	As parent or legal gents, employees and		
and routine nonsurgic sonnel. In case of ar or surgical treatment my son/daughter to b	mission for non-prescripti cal medical care to be given to emergency, I also grant and for an authorized adu to e photographed or video by be used for educationa	ven to my some permission to alt sponsor to taped, and the	n/daughter if deemed ac transport my child to the sign for treatment if I can tat these pictures may a	Ivisable by the side nearest hospitation be located. If ppear in the new	upervising diocesan per- al for emergency medica I also give permission for vspaper or other publica-		
Date		Parent's	Signature				
Family Physician			Phone ()_				
Address		City/State/Zip_					
My son/daughter is al	llergic to:						
My son/daughter take	es the following medication	n (name, dosa	age):				
This medication is for to:	:Last imm	unization/boo	Medication that my soster for Diphtheria/Tetan	son/daughter is a	llergic		
Any specific medical	problems:		Any physical limit	tations:	4		
In an emergency, if u	nable to reach parent/gua	rdian, please	contact:				
Name	Work Phone ()	Home Phone (_)			
Name	Work Phone ()	Home Phone (_)			
Name of Insurance C	company		Phone ()			
Address			City/St/Zip				
Name of Insured		F	Policy #				
Group or Plan #				e insurance at t	this time		

This form **MUST** be filled out completely and returned with application on the reverse side by September 19, 2012