

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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ym@victoriadiocese.org

YLT 2012-2013

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
Please respond by February 20**

**March 24, 2013—Confirmation Retreat Facilitation
Please respond by March 20 *****

**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**

This training is MANDATORY in order to staff Camp David

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, 2012 through December 31, 2013. 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 19, 2012