



## LEADERSHIP TEAM



### YLT 2017 - 2018

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 2232

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**Accepting the first 50 applicants.**

**All areas of the application must be completed.**

**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.

**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.**

**We ask that a sincere commitment is made to attend ALL the training sessions, as they build on one another.**

**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 4:00 p.m. Lunch will be provided—but we ask that you bring a snack or a 3 liter bottle 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 17, 2017 St. Michael's Parish– Cuero, Tx Please respond by September 11th

**NOTE—October 11, 2017 IS THE LAST DAY FOR LATE  
REGISTRATION FOR THE 2016-2017 YLT.**

October 15, 2017 St. Mary's Parish, Nada, Tx Please respond by October 11th

October 29, 2017 Youth Spectacular– Please respond by October 23rd

November 5, 2017 Sts. Cyril & Methodius Parish– Shiner, Tx Please respond by October 30th

December 3, 2017 Assumption of the Blessed Virgin Mary – Ganado, Tx—Please respond by November 27th

\*\*\*January 14, 2018 Confirmation Retreat: Sacred Heart - Hallettsville, Tx (Family center)

\*\*\*February 4, 2018 Confirmation Retreat : Our lady of Victory– Victoria, Tx (Gym)

March 16-17 2018 Abbey Youth Fest– Louisiana (optional)

April 29, 2018 Camp David Planning (location TBA)

June 8-15, 2018 Camp David

\*\*\* All YLT members are asked to facilitate at least one of these two confirmation retreats in order to be considered for staffing opportunity at Camp David.

**If more than *TWO* meetings are missed you are not eligible for consideration for  
Camp David.**

**KEEP THIS FOR YOUR RECORDS**

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, 2017 through December 31, 2018. 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 by**

**September 11, 2017**

# Youth Leadership Application

Name (youth): \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

E-mail address (youth): \_\_\_\_\_

Cell Phone (youth): \_\_\_\_\_

This entire application; 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 and sign off on the last page of the application 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.

## Parent contact information (Required)

E-mail (parent): \_\_\_\_\_

Cell Phone (parent): \_\_\_\_\_

My Child may be contacted via Text: \_\_\_\_\_ (Yes/No) or Email: \_\_\_\_\_ (Yes/No)

Parent Signature: \_\_\_\_\_

What ministry in your parish are you currently involved in? \_\_\_\_\_

\_\_\_\_\_

Please tell me a little about yourself.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to get out of being on the YLT team?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form **MUST** be filled out completely and returned with application by

September 11, 2017

**Do you have any experience working with youth? If so please list past work experience.**

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**Why do you want to be a part of the YLT team? \_\_\_\_\_**

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**Please give a list of volunteer work you have done in the past, if any.**

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**What gifts and talents do you have that will benefit the YLT team: (lector, altar server, play an instrument, sing) PLEASE BE SPECIFIC**

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**Would you like to be apart of the YLT music ministry? Have you every considered offering your talent to God and his Church? What are your talents you believe would help the music ministry grow? i.e. singing, instrumental.**

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**Would you be interested in helping with Work Camps during the Summer if they are offered? In addition to Camp David. (please circle one)**

**YES**

**NO**

**This form MUST be filled out completely and returned with application by  
September 11, 2017**

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:    Able to take initiative and complete projects:

1 2 3 4 5

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: \_\_\_\_\_

This form **MUST** be filled out completely and returned with application by  
September 11, 2017