

Instructions (Note: Illegible answers cannot be considered.)

1. Read through all the questions before you begin your answers.
2. Answer all the questions.
3. Please clearly TYPE or PRINT each answer. Use separate paper when necessary.
4. Also Very Important: Rest assured that all information will be held in strict confidence by the Youth Ministry staff.
5. Please complete all paperwork and return to the Parish office or the Youth Ministry office.

Here are a few important facts about being a member of the Core Team:

- Team members should possess the following qualities: a personal commitment to Jesus Christ, an unconditional love for teenagers, a love for the Catholic Church, regular participation in Sunday worship, a personal prayer life, freedom from serious sin, regular reading of Scripture, and openness to using the gifts of the Holy Spirit.
- Team members must be open to training and completing all background checks and requirements set forth by the diocese.
- Team members must continue to possess the above-mentioned qualities throughout the duration of their commitment. Team members are free at any time to unconditionally terminate their relationship as a Core Team member. At the same time, the ministry of Life Teen retains the option to ask you to step out of this ministry if it becomes clear to us that the Lord is not calling you to this specific ministry, or if mitigating circumstances make it unwise for you to continue in this ministry.

APPLICANT'S INFORMATION

Last Name

First Name

MI

EDUCATION

Please check the one that applies to you and fill in the requested information. Leave blank those choices, which do not apply.

- Presently, I am in college. _____ (College and class)
- I graduated from college. _____ (College)
- I graduated from high school in _____ (year).

EMPLOYMENT

Please document where you work.

Business name _____ Phone number _____

Job Title _____ Your duties _____

Please document any other work related trades or talents. (i.e. construction, public speaking, street evangelist...) _____

VOLUNTEER HISTORY

Please document the last two volunteer positions you held. Use "A" below to indicate your most recent volunteer service.

A. Organization's name _____ Phone number _____
Your duties _____
Frequency of involvement (e.g. once a month) _____
Starting date: ____/____/____ Ending date: ____/____/____
 month year month year
Reason for leaving _____

B. Organization's name _____ Phone number _____
Your duties _____
Frequency of involvement (e.g. once a month) _____
Starting date: ____/____/____ Ending date: ____/____/____
 month year month year
Reason for leaving _____

WHAT ARE YOUR TALENTS? (CIRCLE)

Event Coordinator Small Group Facilitator Guest Speaker Intercessory Team
Environment Team Web Site Updater Marketing/Publicity Graphic Designer
Photography/Videographer Office Help Development/Fundraising Team
Parent Ministry Music Ministry Cook and Food Servers Liturgy Coordinator

Other: _____

DIOCESAN / PARISH INVOLVEMENT

Please check all that apply to you and fill in the requested information. Leave blank those choices, which do not apply.

- I have been a member for _____ years/months.
 I have worked or volunteered at _____ parish.

I have...

- taught or assisted in a religious education program in (my home parish) (another parish).
 assisted in a youth ministry/ Life Teen program in my post high school years.
 served as a lector, Eucharistic minister, alter server, and/or choir member at a parish.
 served in a parish or diocese in other capacities (i.e. coordinated or assisted with the parish festival, assisted in the parish or diocesan office, etc.) _____

How often do you attend Mass?

- Daily Weekly Monthly Rarely Never

Have you completed the Diocese of Sacramento Safe Environment Training? Yes No
If yes, which Parish and when: _____

Have you completed the Diocese of Sacramento fingerprinting and background checks?
 Yes No
If yes, which Parish and when: _____

CATHOLIC / SPIRITUAL FORMATION

1. Please check all that apply to you and fill in the requested information. Leave blank those choices, which do not apply.

- I am baptized
- I was confirmed in the Catholic Church at the age of _____
- For the past 12 months, I have met my obligation of attending Sunday liturgy and Holy Days of obligation.
- I converted to Catholicism at the age of _____ from the _____ faith.
- I attended a Catholic school in grades _____
- I attended a Catholic college/university for _____ years.
- Other than in school, I attended religious education classes in grades _____
- As a junior high or senior high student, I participated in a Catholic youth ministry program in grade _____
- Other religious formation I received while growing up included (i.e. RENEW, RCIA, a non-Catholic but Christian education, a non-Catholic but Christian youth ministry program, Campus Crusade, etc.)

2. Have you participated in any bible studies, religious education classes, Christian fellowship groups, etc., since you have been out of high school? Please elaborate...

3. Are you considering, or have you considered a Religious Vocation? Yes No

4. Please check whether you accept or do not accept each of the following teachings of the Catholic Church:

A. Do you accept the Church's teaching on the Holy Eucharist?

The Holy Eucharist is the real Presence (Body, Blood, Soul and Divinity) of Jesus Christ and that when one receives Holy Communion, Jesus comes into the heart to dwell.

- Yes, I accept this teaching
- No, I do not accept this teaching

Last Name First Name MI

B. Do you accept the Church's teaching on contraception?

God designed conjugal love between a husband and wife to be a beautiful, selfless, total giving of one to the other, and is open to the transmission of life. Since acts of contraception are not selfless, not a total giving of one to the other and are not open to the transmission of life, contraception, which actually means "against conception" is inherently wrong.

- Yes, I accept this teaching
- No, I do not accept this teaching

C. Do you accept the Church's teaching on the sanctity of life?

All life is sacred and each life from the moment of conception has a right to life, therefore abortion, or any other method of barring a new life from implanting in its mother's womb or terminating a pregnancy is inherently wrong.

- Yes, I accept this teaching
- No, I do not accept this teaching

D. Do you accept the Church's teaching on papal infallibility?

The Pope holds the keys of Saint Peter and Christ endowed the Church's shepherds with the charism of infallibility in matters of faith and morals. When the Church through its supreme Magisterium proposes a doctrine "for belief as being divinely revealed, and as the teaching of Christ, the doctrine must be adhered to with the obedience of faith.

- Yes, I accept this teaching
- No, I do not accept this teaching

E. Do you accept the Church's teaching on pre-marital sex?

God has exclusively given the gift of intercourse to a man and woman who have pledged their lives to one another in marriage as a way of fully giving oneself to the other, being fully open to the transmission of life should God so choose to bestow this blessing

- Yes, I accept this teaching
- No, I do not accept this teaching

F. Do you accept the Church's teaching on the Immaculate Conception?

The most Blessed Virgin Mary was, from the first moment of her conception, by a singular grace and privilege of almighty God and by virtue of the merits of Jesus Christ, Savior of the human race, preserved immune from all stain of original sin.

- Yes, I accept this teaching
- No, I do not accept this teaching

PERSONAL AND SPIRITUAL HISTORY

Write a brief testimony about how you have come into a relationship with Jesus Christ and you have grown in your spiritual journey.

How would you describe your spiritual journey right now?

What accountability do you currently have in your spiritual journey?

What do you do when you have a conflict with someone? How do you handle confrontation?

What spiritual gifts do you feel you have, and how would you like to use them in the Youth Ministry?

Why do you want to be involved in the Youth Ministry?

What are some of your expectations of the Youth Ministry, the Life Teen staff, and the parish staff?

Last Name

First Name

MI

Youth Ministry Photo/Video Release

Check one of the following options and sign

I **DO** give permission to be photographed, videotaped and/or recorded in any other form by the Diocese of Sacramento, any parishes and schools within the Diocese, and the site organization(s).

I hereby grant to the Diocese of Sacramento, any parishes and schools within the Diocese, and the site organization(s) my consent without limitation or reservation of any fee to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in any youth ministry activities whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at St. John the Evangelist, Carmichael's sole discretion.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature

Date

I **DO NOT** give permission to be photographed, videotaped and/or recorded in any other form by the Diocese of Sacramento, any parishes and schools within the Diocese, and the site organization(s).

Signature

Date

CATHOLIC YOUTH MINISTRY - DIOCESE OF SACRAMENTO CHAPERONE / ADULT PARTICIPANT FORM

(This form is for the express use of junior high and high school youth ministry in the Diocese of Sacramento. It is not intended for use by Catholic schools or parish faith formation classes. The form remains in effect for one year from date of signature.)

Chaperone/Adult Participant _____ Date of Birth (month/day/year) _____

Street Address: _____

City / State / Zip Code: _____

Home Telephone Number (include area code): _____

Work Telephone Number (include area code): _____

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to the Diocese of Sacramento, parishes within the Diocese, and their employees, agents, representatives and volunteers, to transport me to a medical facility for emergency medical, dental or surgical treatment. I hereby consent to those aforementioned individuals to authorize emergency treatment for me. In the event of an emergency, please contact:

NAME: _____

RELATIONSHIP: _____

TELEPHONE (include area code): _____

FAMILY DOCTOR: _____

TELEPHONE (include area code): _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____ PARTICPANT'S SOC SEC # _____

(1) Signature _____ Date _____

MEDICATIONS

I am taking medications at present. I will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

SPECIFIC MEDICAL INFORMATION: The Diocese of Sacramento will take reasonable care to see that this information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.)

Immunizations: Date of last tetanus / diphtheria immunization

Do you have a medically prescribed diet?

Any physical limitations?

Have you recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc? If so, date and disease or condition.

Line 1: You should also be aware of these special medical conditions.

LIABILITY WAIVER

For value received, I agree on behalf of myself, my heirs, successors, and assigns, to forever release, discharge, defend and hold harmless the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought on my behalf against the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or indirectly from, or attributable in any legal way, to any action or omission to act of any such person or organization named above.

I fully understand the consequence of the foregoing statements and sign this **CONSENT FORM / LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or you will not be permitted to serve as a chaperone/ adult participant in the Youth Ministry.)**

(2) Signature _____ Date _____

Being in the possession of alcoholic beverages, drugs or weapons is cause for automatic dismissal from any Youth Ministry program, event, or activity. I agree to uphold and exemplify positive Catholic values and morality at all Youth Ministry programs, events, and activities.

(Your signature must appear below or you will not be permitted to serve as a chaperone/adult participant in the Youth Ministry.)

(3) Signature _____ Date _____

**DIOCESE OF SACRAMENTO
GUIDELINES FOR ADULTS WORKING WITH CHILDREN/YOUTH**

Our children/youth are an important gift that God has entrusted to us. As an adult working with children/youth as part of the ministry of the Diocese of Sacramento, I promise to strictly follow these rules and guidelines as a condition of my providing services to the children and youth of our diocese.

As an adult working with children/youth, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Collaborate with other adults in service to children and/or youth.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth with whom I come into contact in my position within the Diocese.
- Refrain from giving expensive gifts to children and/or youth with whom I come into contact in my position within the Diocese.
- Report suspected abuse (including but not limited to physical abuse, sexual abuse, emotional abuse and neglect) to the pastor, administrator, or appropriate supervisor. If I am a mandated reporter, under California law, I will also report to Child Protective Services.
- Cooperate fully with authorities in any investigation of abuse of children and/or youth.

As an adult working with children/youth, I will not:

- Smoke or use tobacco products in the presence of, or provide these products to, children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering, and will not make alcohol available to anyone under the age of 21.
- Use, possess, or be under the influence of illegal drugs at any time, and will not make illegal drugs available to children and/or youth.
- Pose any serious health risk to children and/or youth (i.e. contagious illnesses).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that unreasonably frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I, _____, understand that as an adult working with children and/or youth as part of the ministry of the Diocese of Sacramento, I must be fingerprinted and receive fingerprint clearance from the California Department of Justice / FBI, prior to beginning any work with children. I understand that any action inconsistent with these Guidelines or failure to take action mandated by these Guidelines may result in my removal from working with children and/or youth in the Diocese of Sacramento.

Signature

Date