

Due no later than July 8, 2018

Spy Leadership Team Application 2018/2019

NAME _____ Cell Phone: _____

ADDRESS _____ GRADE _____ '18- '19

_____ HOME PHONE _____

E-MAIL _____ BIRTH DATE _____

Please print your email address CLEARLY AND LEGIBLY

The Sunday Eucharist is the foundation and confirmation of all Christian practice. For this reason, the faithful are obliged to participate in the Eucharist on Sundays and Holy days of obligation, unless excused for a serious reason. Those who deliberately fail in this obligation commit a grave sin. Participation in the communal celebration of the Sunday Eucharist is a testimony of belonging and of being faithful to Christ and to his Church. The faithful give witness by this to their communion in faith and charity. Together they testify to God's holiness and their hope of salvation. They strengthen one another under the guidance of the Holy Spirit (2182, 2183). Anyone considering being part of the SPY LT team is aware that attending Mass and actively participating in the Eucharistic celebration, as well as continuing faith formation in religious education class is not only mandatory but also essential to be a leader in our community of faith.

1. In your opinion, what is the purpose of the SPY Leadership Team?
2. Why are you applying for a position on the SPY Leadership Team?
3. What does it mean to you to be a Christian? A Catholic?
4. Describe the characteristics/attributes of a "leader."

5. Please list any previous leadership experience:

6. What are your weaknesses as a leader?

7. Are you willing to communicate your ideas to a larger group?

8. What church-related activities have you been involved in within the last year?

9. What other activities/commitments will you have this coming school year? What months are the busiest for you.

10. Are you willing to be 100% committed to the SPY leadership team and take responsibility for checking email for communication, being aware of important dates and activities, and send an email when you know you will be unable to attend leadership team meetings?

Student Signature

Date

Contact # (cell if applicable)

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PARENTS PLEASE COMPLETE:

Your son or daughter is applying for a position as a SPY Leadership Team Representative for the 2018/2019 leadership team year. Anyone considering being part of the SPY LT team is aware that attending Mass and actively participating in the Eucharistic celebration, as well as continuing faith formation in religious education class is not only mandatory but also essential to be a leader in our community of faith

_____YES _____NO

Do you agree to the time commitment being made by your child?

Will you, throughout this programming year, support, encourage and assist in holding accountable your son/daughter to these expectations?

_____YES _____NO

Are you interested in being an adult member of the SPY leadership team?

_____YES _____NO

Are you available to be a driver and/or Chaperone for SPY events?

_____YES _____NO

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Parent/ Guardian Signature

Date

Contact # (cellular or home)

Leadership Team Code of Conduct

Attend Mass EVERY Sunday and Holy Days of Obligation (actively participate in the Mass)

LT members are required to register and attend regularly in the Spy Religious Education Program or attend Catholic School (Team Members are expected to fully participate in class; disruptive or disrespectful behavior will not be tolerated).

We are called to be authentic Disciples of Christ in word and deed....

Team members should in no way make statements that are in direct opposition to the teachings and beliefs of the Catholic Church. Any team member who **deliberately & consistently** makes statements or social networking posts that oppose the direct teachings of the Church may be suspended or terminated from leadership team at the discretion of the Director of Youth Ministry and Fr. Klima (If one is in doubt about the Catholic Faith or has questions he or she is encouraged to discuss them with either Father Klima or the youth mister).

LT members are expected to model a life consistent with the teachings of the Gospel, promoting through their own lives the way to love God and neighbor as self.

Illegal or immoral activity will not be tolerated.

APPROPRIATE BEHAVIOR: Respect others: GOSSIPING, bullying, verbal or physical harassment of others will not be tolerated. LT members should strive to be authentic and positive role models at all times.

Appropriate behavior includes social media and social networking. Team members are responsible to monitor personal social media sites. Inappropriate pictures, language, or posts will not be tolerated. This includes removing inappropriate items when posted by others that may appear under your name.

Attend Meetings (if you are unable to attend a meeting it is your responsibility to let the Director of Youth Ministry know in advance): **BE RESPECTFUL DURING MEETINGS, PUT CELL PHONES AWAY).**

Attend and support SPY activities

DEADLINES: WILL BE ENFORCED. ALL TEAM MEMBERS WILL BE RESPONSIBLE FOR MEETING ALL DEADLINES.

Responsible Committee Participation: Follow through on commitments and planning committees, attend meetings, events, check email for communication.

Be welcoming and inclusive of others (this includes exclusive text conversations during activities, meetings, and while traveling in vehicles). Be present to everyone around you, not just one circle of friends.

Work to create an atmosphere of communication, collaboration, compromise, respect and a positive environment for all activities, meetings, classes and events. It is essential that conflict is resolved in a positive manner.

TRUST: Many team members share personal information to aide in the spiritual growth and faith formation of others. This information should be held in sacred confidentiality. Each team member and adult is entrusted with sacred information and should not share private information with others. However, there are some circumstances that would require the Director of Youth Ministry by law to break an agreement of confidentiality:

1. If someone were hurting you.
2. If you were going to hurt someone.
3. If your life or health was in serious danger.

Students who receive financial aid or assistance and do not show up or cancel at the last minute are responsible to find a substitute or repay the cost of the event. Abuse of financial assistance will eliminate eligibility for future events.

The consequences for code of conduct violations outlined below aim to exemplify grace and forgiveness. It is our goal that any student who receives any consequences learn from it. We desire to have all students participating in all activities and will not hold prior offenses against students who have already completed the consequences for such (assuming that a pattern does not emerge) – students are held accountable for their behavior, but not condemned.

Consequences may vary depending upon the degree or severity of the offense:

Verbal warning
 Written warning
 Meeting with parents
 Probation
 Suspension from LT

Additionally, multiple offenses may also be subject to required meetings with the Director of Youth Ministry, parent meetings, and/or meetings with the Pastor prior to being allowed back to events, activities, or an active member of leadership team.

As a member of the leadership team I have read and understand my responsibilities and commitment to the leadership team. I agree to comply with deadlines and being responsible for authentic behavior at all times.

_____ Date: _____

As a parent of a member on the leadership team I have read and understand my child's responsibilities and commitment to the leadership team. I agree to support my child in fulfilling his/her role as a member of the leadership team.

_____ Date: _____

Student Copy

April 16, 2018

Dear Parent or Legal Guardian

Your child is invited to attend the Seton Parish LT Retreat. This activity will take place at Heartland. This activity will take place under the guidance and supervision of authorized adult personnel from Seton Parish. A brief description of the activity follows:

Name of Event: Leadership Team Retreat

Locations: Heartland Retreat Center, 3201 County Rd 225, Marengo, OH 43334

Emergency Phone: 614-203-4776 (Barbara's cell phone)

Date: August 3- 5, 2018

Time: Departure time from Seton Parish 4:00 pm
Arrive back at Seton Sunday Approximately 11:30 am

Adult Supervisor: Barbara A. Serrano

Cost: \$130.00

As parent or legal guardian, you assume all legal responsibilities that may result from the actions taken by or the involvement of the named student.

Please keep this sheet for reference and make note of departure and arrival times.

***DEADLINE FOR
REGISTRATION July 8, 2018***

Full payment is expected for cancellations that occur after registration date

2018 LT Retreat
August 3 - 5, 2018
What to Bring...

- Boys - Beverages to share: bottled water, juices and soda in cans**
- Girls - Munchies to share, baked goods, cookies, trail mix, veggies & dip, fruit, and chips, etc.**
- Casual, comfortable clothes and a change of clothes for Mass on Saturday evening
- Pillow, sleeping bag, or other bedding (beds with mattresses will be provided)
- Appropriate sleepwear
- Extra pair of shoes that can get wet and/or dirty (Hiking boots or old athletic shoes that still have good traction would be great!)
- Plastic bag to put wet/dirty clothes in
- Towels, soap, shampoo, toothpaste and toothbrush, deodorant, and any other personal items
- Flashlight
- Softballs, bats, Frisbees or any other outdoor toys (optional)
- Jacket or sweatshirt in case the evening is cool

DIOCESE OF COLUMBUS

REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME Seton Parish PARISH CITY Pickerington
Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned.

I. REGISTRATION

A. Name of Participant:
Address:
City: State Zip Code
Phone () Participant Cell (optional) ()
E-Mail
Parish Seton Parish School
Date of Birth / / Male Female Grade
Name of Adult Leader Barbara A. Serrano

B. Name of Activity 2018/2019 Leadership Team Retreat
Location: Heartland Conference Center, 3201 County Road 225 Marengo, OH 43334
Dates of Activity August 3 - 5, 2018
Mode of transportation if not self-provided: Car Pool

II. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

III. RELEASE AND INDEMNIFICATION

- A. Release. The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.
B. Indemnification. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION

A. Specific Medical Information. The Parish will take reasonable care to see that the following information will be held in confidence.
Chronic Conditions (e.g. Epilepsy; Diabetes)
Allergic Reactions (e.g. Food, medications, plants, etc.)
Dietary Restrictions
Immunizations: Date of last tetanus/diphtheria immunization:
Any physical limitations?
Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:
You should be aware of these special medical conditions of the Participant:

B. Current Medication: The Participant is taking medication at present. The Participant 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:

C. Non-Prescription Medication

Please check ONE of the following:

[] No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.

[] Non-prescription medication may be given to the Participant, if deemed appropriate.

V. EMERGENCY MEDICAL CONTACT AND TREATMENT

A. Emergency Contact Information

Parent or Guardian _____

Address _____

Phone(s) _____

Medical Insurance _____ Policy Number _____

Member's Name _____ Phone (_____) _____

Family Doctor _____ Phone (_____) _____

B. Emergency Medical Treatment

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone: (_____) _____

VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION (Leave blank if Consent not granted.)

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and Seton Parish _____ (PARISH NAME) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Barbara A. Serrano _____ (PARISH POINT OF CONTACT) at 614-833-0485 _____ PHONE NUMBER).

VII. CODE OF BEHAVIOR

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

VIII. SIGNATURES

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND
HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN
THIS AGREEMENT**

Participant's Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Legal Guardian Signature _____ Date _____