

## REGISTRATION PROCEDURES

**DIOCESAN YOUTH CONFERENCE  
BLUFFTON COLLEGE  
BLUFFTON, OHIO  
JULY 11-12-13, 2003**

Registration is all PRE-PAID. It is important for us to have a clear idea of who will be attending the conference to plan meals and space requirements, so we need to have registration submitted as early as possible along with each participant's TOTAL payment. We will not be able to accommodate those registrations received after the established date. All pre-registrations must be postmarked by June 9th. Please don't expect special consideration, rather stress that your youth register early. We want to serve you in the best way possible. Your assistance in this area will be greatly appreciated.

### **COST:**

#### **Youth**

PRE-PAID (postmarked on or before June 2, 2003)	\$ 95.00
** Postmarked June 3 to June 8	\$105.00

#### **Adult**

PRE-PAID (postmarked on or before June 2, 2003)	\$ 95.00
**Postmarked June 3 to June 8	\$105.00

#### **\*\* Please notice the \$10.00 difference in late registrations**

- \* Refunds will be offered up until June 9<sup>th</sup>. However, there is a \$20.00 non-refundable fee if you cannot/choose not to attend the Conference.
- \* There will be no refunds after June 9<sup>th</sup>, 2003, but you may transfer a registration to another participant of the same sex.

**Note: Full Payment MUST accompany the registration to receive the discounted rate.**

### **PROCEDURE:**

**Step 1:** Begin promoting the conference in your parish.

**Step 2:** Complete the group registration form with all necessary information, making sure that it is legible. We prefer group registrations since it will assist in processing your group, but individual registrations are accepted.

**Note: Please be aware that room registrations need to be filled out. If you do not fill this out, we will assign you a roommate. Only roommate's who put each other on this form will be roomed together.**

**Step 3:** Mail the registration form along with a check for the full amount to:  
**YOUTH CONFERENCE**  
**c/o CATHOLIC YOUTH & SCHOOL SERVICES**  
**P.O. BOX 985**  
**TOLEDO, OH 43697-0985.**

**Make checks payable to:** Diocese of Toledo Youth Conference

**Step 4:** Registration

Upon arrival at Bluffton College,

Check-in for the conference will occur in the lobby of the dorms from **7-8:30 p.m.**

All transfers will take place in the lobby of Marbeck Center

Male and female chaperones are needed if you are bringing youth of both sexes.

**Step 5:**

After checking in at the registration table and receiving your name tag, t-shirt and key, you will then proceed to your assigned room where you may unload your luggage.

**\*\* EVERYONE MUST** stay in the room assigned to them. In case of an emergency, we need to know where to find you.

**\*\*\*** If your room key is not turned in at the end of the Conference, you will be billed/charged a \$20.00 fee.

**PLEASE NOTE:**

1. Dorms **DO NOT** have bedding or towels - please bring your own.
2. **MEDICAL FORMS** for each of your youth are **required**, in case of illness or injury. The adult leader from your parish should have them in his/her possession for the duration of the weekend.
3. Dorm rooms must be in the same condition as when you arrived. Do not stack beds.

**CODE OF BEHAVIOR  
DIOCESAN YOUTH CONFERENCE  
BLUFFTON COLLEGE  
BLUFFTON, OHIO  
JULY 11-12-13, 2003**

We are pleased that you will be participating in the annual Youth Conference. Youth & Young Adult Ministry is a component of Catholic Youth and School Services of the Diocese of Toledo. We hope that all the participants will display the mature, responsible leadership and character which has for so many years been the trademark of the Catholic Youth programs in our Diocese.

1. **YOUTH COORDINATORS AND ADULT LEADERS** are responsible for the actions of their participants.
2. Participants must respect the authority of the Conference Staff and Bluffton College Supervisors.
3. Participants **MUST wear their name tags AT ALL TIMES** during the Conference. No one will be allowed into meals, workshops, or the concert without an official name tag.
4. Participants may wear appropriate casual dress at all sessions and activities. Shoes are mandatory at all times. Please no roller blades or skateboards.
5. All participants must participate in the conference activities and be in their respective dorms after the pizza party for the dorm meetings.
6. Participants are not permitted in the rooms of the persons of the opposite sex at any time during the Conference.
7. Leaving the premises of Bluffton College is forbidden. Anyone with a need to do so should contact a Catholic Youth & School Services staff member.
8. **NO ALCOHOLIC BEVERAGES OR OTHER DRUGS** are permitted at the Conference. Anyone found with alcohol or other drugs or other illegal materials will be sent home immediately. CYSS staff have the right to inspect rooms and luggage.
9. **VIOLATION OF ANY OF THESE RULES MAY RESULT IN THE DISMISSAL OF A CONFERENCE PARTICIPANT.**

*I have read and understand the above rules. I agree to abide by them during the Conference. I am aware that if I fail to do so, I can and will be dismissed from the Conference at my expense. I also understand that my parents will be called to take me home.*

**Youth Participant's Signature:** \_\_\_\_\_

**Youth Participant's Parent's Signature:** \_\_\_\_\_

**ADULT CHAPERONE GUIDELINES  
DIOCESAN YOUTH CONFERENCE  
JULY 11-12-13, 2003**

- Following Diocesan Policy, all adult chaperones are in the High Responsibility category which means that all chaperones MUST have received a copy of the Expectations Brochure, gone to a Protecting Youth & Those Who Serve Them Workshop, and been fingerprinted and passed. It is the responsibility of each parish to make sure that the adults they send as chaperones have met these requirements.
- As an adult chaperone, you set an example for all the youth who are participating in the Diocesan Youth Conference. All adult chaperones are responsible for helping to enforce the Diocesan Youth Conference Code of Behavior and should use the “Code” as a guide for their own behavior.
- The ratio for adult chaperones to youth participants is one adult for every 8-10 youth. If bringing males and females, there should be chaperones of each sex. The parish Youth Coordinator/Minister is the adult chaperone who oversees the total parish youth group.
- There will be an adult meeting on Friday night. All adults should attend this meeting.
- We suggest if you are bringing a large group, to consider assigning specific adult chaperones who will be responsible for assigned youth throughout the entire duration of the Conference.
- Adults, as well as youth, are expected to attend all Conference activities. This gives the adults the opportunity to share with the youth what they have learned, answer questions, and spend time reflecting with the youth.
- Adult participants are expected to refrain from drinking alcoholic beverages for the duration of the Conference, as well as, during their travels to and from the Conference.
- Each parish youth minister should have their own medical first aid kit available. However, you will be able to find some things at the information table. In case of illness or injury, report the matter to the Diocesan Youth Director or a staff member as soon as possible. In case of serious (life threatening illness or injury), send someone to call 911, and then report the matter to someone from the CYSS staff. There will be a nurse available if you have any questions.
- Adult chaperones do not have the authority to extend curfew. Adult chaperones should check to assure that the youth for whom they are responsible, are in their rooms by curfew. Adult chaperones may check rooms periodically after curfew to make sure the youth remain in their rooms. We want to provide a pleasant and safe environment for all participants.
- During all Conference activities, and especially the concert, we ask that all adult chaperones be available to the youth.

I, as an adult attending the Conference agree to abide by these guidelines.

**Adult Chaperone/Leader Signature:** \_\_\_\_\_

## **Helpful Hints for Adult Chaperones**

### **DIOCESAN YOUTH CONFERENCE**

#### **A note to chaperones:**

While we all want the youth we are responsible for to like us and to think we're OK, chaperoning is not a popularity contest.

- It is important to remember we are not kids - we are adults who enjoy being with youth and who care a lot about them.
- Don't play favorites or give youth different rules.
- Have fun with the youth, but don't hesitate to stop irresponsible or dangerous play.
- Don't be afraid to discipline - but do it with love. (Never put a youth down.)
- Please mingle with the youth and get to know them.
- Sit with them at meals, in workshops, at large sessions, whenever possible.
- Learn the names of your youth and call them by name.
- Enjoy these youth and have fun.
- Mentor to your youth. They may be looking for someone to look up to.

#### Five Ways to Discipline Teens Without Losing Your Cool

##### **Set Clear Limits.**

Establish what behaviors are and are not acceptable before you and your youth arrive at an event. If you are able to do this in concert with your young people, it gives them ownership of and a sense of responsibility for maintaining those limits. Make sure that everyone knows what the limits are and be consistent in enforcing them.

##### **Set Clear Consequences for Exceeding the Limits.**

Just as important as the limits you have set are the results for going beyond them. As with limits, establish the consequences for unacceptable behavior with the youth. Be sure that the consequence is reasonable and relevant. Consistency is the key to disciplining youth.

##### **Disapprove of the Action, Not the Person.**

Help them to work through the behavior and its consequences and give them the opportunity to explore the alternative options for the next time.

##### **Be patient and realistic.**

Remember they are still kids. It's important to maintain the standards but be sure to do it in a way that allows them room to breathe and grow. Always remember you are the authority, but it is not something you have to prove by coming down hard and heavy. A deft and good-natured touch will have a lasting impact. Keep your sense of humor healthy and don't sweat the small stuff.

##### **Always Show them You Love Them.**

Be sure they understand that you set these limits because you care and that maintaining a relationship with them is very important to you.

*Source: Youth Works, Section 6. Center for Ministry Development, P.O. Box 699, Naugatuck, CT 06770.*

**YOUTH COUNCIL ELECTION (Procedure)  
DIOCESAN YOUTH CONFERENCE  
BLUFFTON COLLEGE  
BLUFFTON, OHIO  
JULY 11-12-13, 2003**

Youth Council is made up of 10 members: The President and 9 Area Representatives.

**Anyone of high school age (incoming Freshman-next year Senior) may run for council for his or her area, as long as the following requirements are met:**

1. A **Youth Council Application Form** is filled out and sent to the Director of Youth Ministry, postmarked no later than June 30, 2003. This form **MUST** be signed by their Youth Minister, Pastor, Parents and applicant.
2. A signed **“Drug Free/Chaste Lifestyle Pledge”** must be returned with application.

**FRIDAY/SATURDAY:**

**AREA MEETINGS**

A Catholic Youth and School Services staff member will review Youth Council election procedures with members of the various areas.

**SATURDAY:**

**ELECTION OF REPRESENTATIVES**

Anyone who chooses to run for council must complete a Youth Council Application prior to the Conference. He or she will be given time to express why they want to run for council. A vote will be taken, and a representative will be elected. The person with the second highest number of votes becomes the alternate for that area. Incoming Freshmen and out-going Seniors are allowed to vote for the representative for their area.

**SUNDAY:**

**ELECTION OF PRESIDENT (morning)**

Only the elected Area Representatives (10) are allowed to nominate themselves for President.

A vote for the President is taken and he or she is elected. The runner-up in his or her area automatically fills the area representative position left vacant by the newly elected President. Out-going seniors are not eligible to vote in the Presidential election.

\* The selection process for Youth Council will be based on areas, namely those listed under **YOUTH COUNCIL ELECTION (AREA PARISHES)**:

**YOUTH COUNCIL APPLICATION  
DIOCESAN YOUTH CONFERENCE  
BLUFFTON COLLEGE  
BLUFFTON, OHIO  
JULY 11-12-13, 2003**

**Send to: Director of Youth Ministry, P.O. Box 985, Toledo, OH 43697**  
**Due Date: Postmarked on or before June 30, 2003**

Applicant's Name: \_\_\_\_\_  
(first) (middle) (last)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Home Parish: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please tell us why you feel qualified to be on Youth Council (Please attach additional sheets if necessary): \_\_\_\_\_

---

---

---

---

---

I am aware of the responsibilities of Youth Council and I take them seriously. I realize that this is a year long commitment, and that I need to be present at all mandatory Youth Council Formation dates.

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

I believe that \_\_\_\_\_ (applicant) is a strong leader in our Parish Community and I would recommend them for the Diocesan Youth Council.

\_\_\_\_\_  
Signature of Pastor

\_\_\_\_\_  
Signature of Youth Minister



**YOUTH COUNCIL ELECTION  
(AREA PARISHES)**

**BACK TO EARTH (10)**

Bethlehem, Sacred Heart  
Crestline, St. Joseph  
Lexington, Resurrection  
Mansfield, St. Peter  
North Auburn, Mother of Sorrows

Bucyrus, Holy Trinity  
Galion, St. Joseph  
Mansfield, St. Mary  
New Washington, St. Bernard  
Shelby, St. Mary

**BEACON (12)**

Clyde, St. Mary  
Fremont, St. Casimir  
Fremont, Sacred Heart  
Gibsonburg, St. Michael  
Marblehead, St. Joseph  
Oak Harbor, St. Boniface

Fremont, St. Ann  
Fremont, St. Joseph  
Genoa, Our Lady of Lourdes  
Kansas, St. James  
Millersville, St. Mary  
Port Clinton, Immaculate Conception

**CROSSROADS (23)**

Antwerp, St. Mary  
Blakeslee, St. Joseph  
Cecil, Immaculate Conception  
Defiance, St. Mary  
Fayette, Our Lady of Mercy  
Hicksville, St. Michael  
Junction, St. Mary  
Marysdale, Immaculate Conception  
Napoleon, St. Augustine  
Payne, St. John  
The Bend, St. Stephen  
Wauseon, St. Caspar

Archbold, St. Peter  
Bryan, St. Patrick  
Defiance, St. John  
Edgerton, St. Mary  
Hamler, St. Paul  
Holgate, St. Mary  
Lyons, Our Lady of Fatima  
Montpelier, Sacred Heart  
Paulding, St. Joseph  
Stryker, St. John  
The Ridge, St. Michael

**HEARTLAND (17)**

Bellevue, Immaculate Conception  
Kellys Island, St. Michael  
Monroeville, St. Joseph  
Norwalk, St. Mary  
Peru, St. Alphonsus  
Put-In-Bay, Mother of Sorrows  
Sandusky, St. Mary  
Vermilion, St. Mary  
Willard, St. Francis Xavier

Huron, St. Peter  
Milan, St. Anthony  
New London, Our Lady Lourdes  
Norwalk, St. Paul  
Plymouth, St. Joseph  
Sandusky, Holy Angels  
Sandusky, Sts. Peter & Paul  
Wakeman, St. Mary

**PRISM (20)**

Bono, Our Lady of Mt. Carmel  
Rossford, All Saints  
Good Shepherd  
Sacred Heart  
St. Stephen  
Immaculate Conception  
St. James  
St. Mary  
St. Patrick Historic  
St. Vincent de Paul

Oregon, St. Ignatius  
Walbridge, St. Jerome  
Holy Rosary  
St. Louis  
St. Thomas Aquinas  
St. Francis de Sales  
St. Joseph  
St. Michael  
Sts. Peter & Paul  
St. Charles Borromeo

**HEARTHSTONE (25)**

Bluffton, St. Mary  
 Columbus Grove, St. Anthony  
 Cuba, St. Isidore  
 Delphos, St. John  
 Fort Jennings, St. Joseph  
 Kalida, St. Michael  
 Leipsic, St. Mary  
 Lima, St. Gerard  
 Lima, St. Rose  
 New Bavaria, Sacred Heart  
 North Creek, St. Joseph  
 Ottoville, Immaculate Conception  
 Van Wert, St. Mary

Cloverdale, St. Barbara  
 Continental, St. John  
 Custar, St. Louis  
 Deshler, Imm. Conception  
 Glandorf, St. John  
 Landeck, St. John  
 Lima, St. Charles  
 Lima, St. John  
 Miller City, St. Nicholas  
 New Cleveland, Holy Family  
 Ottawa, Sts. Peter & Paul  
 Spencerville, St. Patrick

**KALEIDOSCOPE, NORTH (21)**

Assumption, St. Mary  
 Richfield Center, St. Elizabeth  
 Sylvania, St. Joseph  
 Christ the King  
 Regina Coeli  
 St. Agnes  
 St. Clement  
 St. John, Point Place  
 St. Anthony  
 Rosary Cathedral  
 St. Stanislaus

Marygrove, Imm. Conception  
 Swanton, St. Richard  
 Blessed Sacrament  
 Gesu  
 St. Adalbert  
 St. Catherine  
 St. Hedwig  
 St. Pius X  
 St. Martin De Porres  
 St. Hyacinth

**KALEIDOSCOPE, SOUTH (13)**

Bowling Green, St. Aloysius  
 Maumee, St. Joseph  
 Providence, St. Patrick  
 Corpus Christi  
 Our Lady of Lourdes  
 St. Joan of Arc  
 St. Patrick of Heatherdowns

Bowling Green, St. Thomas More  
 Perrysburg, St. Rose  
 Little Flower  
 Our Lady of Perpetual Help  
 St. Jude  
 St. Charles

**TWO RIVERS (21)**

Alvada, St. Peter  
 Bascom, St. Patrick  
 Carey, Our Lady of Consolation  
 Findlay, St. Michael  
 Frenchtown, St. Nicholas  
 Liberty, St. Andrew  
 New Riegel, St. Boniface  
 Reed, Assumption  
 Salem, St. Joseph  
 Sycamore, St. Pius  
 Tiffin, St. Mary

Attica, Sts. Peter & Paul  
 Bismark, St. Sebastian  
 Fostoria, St. Wendelin  
 Kirby, St. Mary  
 Marywood, St. Michael  
 North Baltimore, Holy Family  
 Republic, St. Aloysius  
 St. Stephen, St. Stephen  
 Tiffin, St. Joseph  
 Upper Sandusky, St. Peter

## **AWARDS**

### **DIOCESAN YOUTH CONFERENCE BLUFFTON COLLEGE BLUFFTON, OHIO JULY 11-12-13, 2003**

Every year, a number of national and diocesan awards are presented to youth and adults who exemplify and model good Christian leadership in their local parish and area. These award winners are selected from nominations received from parishes, and the awards are presented at the Awards Ceremony during the Diocesan Youth Conference.

#### **FOR GOD AND YOUTH AWARD (ADULTS)**

This award is presented to six ADULTS in the Diocese of Toledo each year in recognition of loyal persevering service to or active leadership in Catholic Youth programs. First awarded in 1955, the medallion has been bestowed upon a number of national figures including President John F. Kennedy, Vicki Carr, and Danny Thomas.

#### **EAGLE OF THE CROSS AWARD (OUTGOING SENIORS)**

This award is presented to six YOUTH in the Diocese of Toledo each year. First awarded in 1955, it is given to six youth who best exemplify the spirit of Catholic Youth Ministry as an individual; as a member of their parish and community; and as a participant on the diocesan level. This award is given only to outgoing seniors.

#### **ST. ALOYSIUS AWARD**

This award is presented to either a Priest, Sister, Brother, or Deacon who has shown leadership and dedication in the area of Youth Ministry. The award is a diocesan award initiated in 1986.

To nominate someone for one or more of these awards, please fill out the nomination form and write a letter of recommendation on why you believe this person is deserving of the award. If possible, please send a picture of your nominee.

All nominations will be reviewed by a selected board and winners will be announced at the Awards Ceremony on Sunday morning at the Conference. All nominations are due by May 1, 2003.

# Eagle of the Cross Nomination Form

**Fill out and return this form and attachments to: Eagle of the Cross Nominating Committee, CYSS, 1933 Spielbusch Avenue, P.O. Box 985, Toledo, OH 43697-0985.**

**Please enclose a picture if possible.**

This award is presented to an outgoing High School Senior who best exemplifies the spirit of Catholic Youth Ministry as an individual; as a member of their parish and community; and as a participant on the diocesan level.

**The Deadline for nominations is May 1, 2003.**

Name of person making the nomination: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

## Nominee Information

Name: \_\_\_\_\_  
(first) (middle) (last)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ evening: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Home Parish: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**(Attach other sheets as necessary.)**

List youth-based activities and ministries the nominee has been involved in, and indicate the time or number of years of involvement. Briefly describe any leadership roles. \_\_\_\_\_

---

---

List any youth based deanery activities (high school or junior high gatherings, area Youth Council, Y.E.S. projects, exchange programs, etc.) the nominee has been involved in. Describe leadership roles. \_\_\_\_\_

---

---

List any diocesan activities (Youth Conference, Leadership Week, Youth Council, Winter Fun Day, Walk For Life, etc.) and indicate the number of years involved. \_\_\_\_\_

---

---

List any community service activities and indicate the years of involvement and any leadership roles. \_\_\_\_\_

---

---

Anything else we should know about the nominee? \_\_\_\_\_

---

---

Tell a story that best exemplifies why you nominated this person. \_\_\_\_\_

---

---

---

---

**Attach letters of recommendation from at least two of the following: pastor, youth minister, high school Religious Education teacher, DRE or CRE, teacher or principal. The person writing the recommendation should have knowledge of the student's involvement in youth ministry and/or service activities.**

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

# For God and Youth Adult Nomination Form

**Fill out and return this form and attachments to: For God and Youth Nominating Committee, CYSS, 1933 Spielbusch Avenue, P.O. Box 985, Toledo, OH 43697-0985.**

**Please enclose a picture if possible.**

This award is presented to ADULTS in recognition of loyal, persevering service to or active leadership in Catholic Youth programs. Must be involved with youth for a minimum of 5 years.

**The Deadline for nominations is May 1, 2003.**

Name of person making the nomination \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

## Nominee Information

Name: \_\_\_\_\_  
(first) (middle) (last)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ evening: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Home Parish: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**(Attach other sheets as necessary.)**

List youth-based parish activities and ministries the nominee has been involved in, and indicate the time or number of years of involvement. Briefly describe any leadership roles. \_\_\_\_\_

---

---

List any youth-based deanery activities (high school or junior high gatherings, area Youth Council, Y.E.S. projects, exchange programs, etc.) the nominee has been involved in. Describe leadership roles. \_\_\_\_\_

---

---

List any diocesan activities (Youth Conference, Leadership Week, Youth Council, Winter Fun Day, Walk For Life, etc.) and indicate the number of years of involvement.

---

---

---

List any community service activities and indicate the years of involvement and any leadership roles. \_\_\_\_\_

---

---

Anything else we should know about the nominee? \_\_\_\_\_

---

Tell a story that best exemplifies why you nominated this person. \_\_\_\_\_

---

---

---

---

---

**Attach letters of recommendation from at least two of the following: pastor, youth minister, DRE or CRE, principal. The person writing the recommendation should have knowledge of the Adult's involvement in youth ministry and/or service activities.**

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

# St. Aloysius Nomination Form

Fill out and return this form and attachments to: St. Aloysius Nominating Committee, CYSS, 1933 Spielbusch Avenue, P.O. Box 985, Toledo, OH 43697-0985.

This is presented to either a Priest, Sister, Brother or Deacon who has shown leadership and dedication in the area of Youth Ministry.

The Deadline for nominations is May 1, 2003.

Name of person making the nomination: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

## Nominee Information

Name: \_\_\_\_\_  
(first) (middle) (last)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Home Parish: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**(Attach other sheets as necessary.)**

List parish activities and ministries the nominee has been involved in, and indicate the time or number of years of involvement. Briefly describe any leadership roles. \_\_\_\_\_

---

---

List any deanery activities (high school or junior high gatherings, YES projects, etc.) the nominee has been involved in. Describe leadership roles. \_\_\_\_\_

---

---

List any diocesan activities (Youth Conference, Leadership Week, Youth Council, Winter Fun Day, Walk For Life, etc.) and indicate the number of years of involvement.

---

---

---

List any community service and indicate the years of involvement and leadership roles.

---

---

Tell a story that best exemplifies why you nominated this person. \_\_\_\_\_

---

---

---

**Attach 2 letters of recommendation. The person writing the recommendation should have knowledge of this persons involvement in youth ministry and/or service activities.**

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

**Youth Conference**  
**BLUFFTON COLLEGE**  
**BLUFFTON, OHIO**  
**JULY 11-12-13, 2003**

**Friday:**

7-8:30 Registration At Each Dorm, Bluffton  
8:15 Move to Burcky Gym  
8:30 Area meeting  
9:00 Opening Session  
9:30 Reconciliation  
11:00 Pizza Party  
12:00 Dorm Floor Meeting

**Saturday:**

8:00 Breakfast  
9:30 Area meeting - Morning Prayer  
11:00-12:00 MEGA Workshop I  
12:15-1:15 Lunch  
1:30-4:30 Activities  
Recreation Time  
6:30 Supper  
7:30 Area Meeting  
- Election of Youth Council Representatives in Areas  
Concert – Burcky Gym  
Games  
Night Prayer  
11:00-12:00 Pizza Party  
12:00 Dorm Floor Meeting

**Sunday:**

8-9:00 Breakfast  
9:30 Morning prayer (Burcky Gym)  
- Awards ceremony  
-For God and Youth Awards  
-Eagle and the Cross Awards  
-Youth Council Recognition  
Presidential Elections  
  
11:00 Celebration of Liturgy (Burcky Gym)  
- Commissioning of Youth Council  
- Youth Minister Commissioning  
12:30 Check-Out



**Emergency Medical Authorization Form**

School: \_\_\_\_\_ Parish: \_\_\_\_\_

Students Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Purpose -- to enable parents and guardians to authorize the provision of emergency treatment for youth who become ill or injured while under parish authority, when parents or guardians cannot be reached.**

**Residential Parent or Guardian:**

Mother's name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

(work): \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

(work): \_\_\_\_\_

Other's name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

(work): \_\_\_\_\_

Name of relative or Childcare Provider: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (home): \_\_\_\_\_

(work): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part 1: To Grant Consent: (Fill out only part 1 OR part 2)**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (1) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted written below: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Hospital Insurance  Yes  No

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Part 2: Refusal to Consent:**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_