

The Saint Hedwig Youth Disciples

Application

Instructions: Complete both pages and turn into the Faith Formation (next to Quinn Hall) or email to faithformation@sainthedwigparish.org by **May 30, 2019**

Full Name: _____

Just for Kicks:

Favorite thing(s) to do for fun: _____

Favorite color: _____

Favorite Snack: _____

Some Questions:

1. Check the ministries you want to be involved in:

- Confirmation Small Group Co-Leader (for Confirmed youth only)
- Music Ministry
- Youth Mass on 5:30pm @ Sunday (Lector, Altar Server, Eucharistic Minister)
- Middle School Youth Night (First Tuesday of each month with planning meetings TBD)
- Other?

2. List some of your strengths/gifts:

- Extrovert/Introvert
- Artistic? Musician? Public Speaking? Organized? Theatric? Funny? Good looking?
- Other strengths or gifts:

3. How often can you attend meetings/youth nights?

- Daily
- Weekly
- Monthly
- Other: _____

4. What are some of your other commitments?

5. Can you attend:

- Leadership Social/Information Meeting (May 19th at 1:00 p.m.)
- Steubenville San Diego (July 26-28th)
- Leadership Retreat (August TBA)
- Year 1 Retreat (Saturday, October 19th)

St. Hedwig Catholic Church | Office of Faith Formation
2019-2020 YOUTH VOLUNTEER
EMERGENCY INFORMATION AND RELEASE FORM

Youth Information

Name: _____ Date of Birth: _____

Gender: M F Grade (Fall 2019): _____ School (Fall 2019): _____

Address: _____

Cell phone: _____ Home phone: _____

E-mail: _____

Volunteering with: Confirmation Youth Ministry Other: _____

List all allergies/other medical information/special needs (Please write "none" if there are none):

Health Insurance Co. _____ Policy # _____

Mother/Guardian's Name: _____ **Religion:** _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

Father/Guardian's Name: _____ **Religion:** _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

Emergency Contact other than parent/guardian:

Name: _____ Relation: _____ Phone: (____) _____

I, the parent/guardian of the above-named child, hereby give permission for his/her participation in activities sponsored by the Office of Faith Formation of St. Hedwig Church. I agree to direct my son/daughter to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my son/daughter being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

I hereby authorize the making of photographs, audio/video recordings, or other memorializing of said events and my son/daughter's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise I might have to limit or to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment necessary in case of an emergency.

Please check one of the following:

- I request that any text or email communication will also be forwarded to my cell phone and email address
 You do not need to copy me on every text/email sent to my son/daughter

Parent/Guardian Name

Parent/Guardian Signature

Date