

SJN Youth Leadership Application

FOR SUMMER STRETCH

I am applying to be part of leadership for (check all that apply):

_____ **Summer Stretch (\$75)**

June 29

July 6, 13, 20, & 27

August 3

*Summer Stretch leaders must be able to attend a **minimum of 4** Summer Stretch sessions to be considered for leadership.

SUMMER STRETCH Leader training is **Thursday, June 15** at the Social Hall. Attendance at training is **mandatory** for all Summer Stretch leaders. Summer Stretch training will be 9:30-2:30. Details to come.

Print or type the details below; please complete all information neatly:

Name: _____ Current Grade (2016-2017): _____ Age: _____

Email: _____ Home Phone: _____

Cell Phone: _____

Address: _____ City: _____ Zip: _____

Facebook: Yes No May we send you a friend request: Yes No

T-Shirt Size (Adult Sizes - Circle one) : S M L XL XXL XXXL

APPLICATIONS ARE DUE TO TAMMY BAKER NO LATER THAN FRIDAY MAY 5.

All Leadership applications must include (please check):

- This Application ~ complete all questions, both pages.
- Answers to questions on page 2 **must be typed** on a separate page.
- Signed liability waiver/permission form.
- Payment (Scholarships are available by speaking with the Youth Ministry Staff).

All applications will be reviewed by Tammy Baker.
Notifications of leadership acceptance will be made by May 19.

SJN Summer Ministries Leadership Application

QUESTIONS REGARDING LEADERSHIP AT SJN

As someone in a leadership role for Summer Stretch your main focus is to:

- Provide a safe/fun environment for the program participants
- Be responsible for keeping track of a small group of youth
- Participate with your small group as well as the large group
- Show respect, integrity, enthusiasm and responsibility
- Learn to grow in leadership skills
- Share your faith and love for God with the Middle School youth you are guiding

****Due to a potentially large number of interested leaders, we will determine your involvement and leadership role based on the information provided below.***

**** Use separate paper to thoughtfully answer the questions below.***

**** Please type your answers.***

- In one sentence, state why you would like to be involved in leadership for summer ministries at St. John Neumann.
- As a leader you will not be active as a *participant* but as someone *guiding others* through this ministry, someone that the participants *look to for example*. What does this mean to you? How will you live this example?
- Describe your relationship with God. How do you share that with others? How will you share this relationship through these summer ministries? What is going really well with your relationship with God? Are there any areas that you would like some help working on?
- We all have been given different talents and gifts. What gifts or talents have you been given that you are going to bring to Summer Stretch?
- Being a leader can be demanding; you are "on stage" all the time, with youth constantly watching what you are doing and listening to what you are saying. What does being "on stage" mean to you?
- Share one or two areas of leadership you would like to work on and be challenged in this summer.
- Sometimes it can be difficult to live our faith and share our love for God with others. How are you going to share God's love with your small group? How are you going to share God's love with the other leaders?

Summer Stretch dates are: Thursdays from June 29 through August 3.

Summer Stretch and Camp SonLight leadership applications are due to Tammy Baker no later than Friday, May 5. Notification of acceptance will be made by May 19.

Summer Stretch Leadership Registration/Permission Form 2017

This Registration, the Application, and payment (checks to "SJN") are due to Tammy Baker no later than May 5.

Leader's Name _____

Address _____ Age _____ Grade (2016-2017) _____

City _____ Zip _____ (Leader cell) _____

Parent(s)/Guardian(s) name(s) _____

Phone Numbers:

Mom (home) _____ Dad (home) _____

(cell) _____ (cell) _____

Leader's regularly checked e-mail address _____

Family's regularly checked e-mail address _____

IF AGE 17 OR YOUNGER:

(For Parents) I give permission for my child _____ to take part in Summer Stretch and/or SonLight summer camp on the specified dates and times. In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation. We hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of St. Paul/Minneapolis, St. John Neumann Church, its agents, and officer, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. None of the aforementioned parties shall be held financially responsible in the event of an injury, illness or accident resulting from this activity. If in the event I do not wish my child's picture used in electronic or printed communication, I will make this known in writing on this form.

We, the undersigned, having read this release, understand and sign this authorization and waiver form voluntarily.

In the event of emergency & I can't be contacted, **I authorize** emergency treatment to be administered: Yes / No.

Signature (parent/guardian) _____ **Date** _____

In case of an emergency/injury or illness, contact:

Name _____ Phone _____ OR

Name _____ Phone _____

Doctor's name _____ Phone _____ Address _____

Insurance Provider _____ Policy number _____

List any special circumstances we should be aware of (social/emotional/allergies/medications):

We have read and agree with the Code of Conduct.

Parent Signature: _____ **Leader Signature:** _____ **Date:** _____

IF PARTICIPATING IN SUMMER STRETCH:

Days that I will definitely **NOT** be able to attend are:

June 29 _____ **July 6** _____ **July 13** _____ **July 20** _____ **July 27** _____ **August 3*** _____

Do you have a Valley Fair season pass: **yes** _____ **no** _____

*August 3= 8:30 AM – 6:00 PM

(over) 

→ TOP HALF: FOR ALL LEADERS AGE 17 OR YOUNGER:

***The Archdiocese of Saint Paul and Minneapolis
does not allow minors to self-administer medications,
whether prescription or over-the-counter.***

→ Please note ALL medicine(s) & dosing schedule(s) for your child. Add'l paper as needed.

Medicine	Reason	Dosage	Time Needed