



Dear Youth Senate Applicant:

Thank you for your interest in the Diocese of Tulsa Youth Senate. The Senate's purpose is as follows:

- To plan and implement certain elements of Diocesan youth events.
- To promote diocesan events to parishes in your area or vicariate.
- To act in leadership roles at diocesan conferences, retreats, lock-ins, and the like.

The following criteria will be considered for membership to the Youth Senate:

- A Catholic with a strong faith life who displays leadership potential
- A sophomore, junior, or senior in high school
- A complete application and two letters of recommendation\*
- Attendance at **ALL** Youth Senate Meetings

In addition to the attached application, applicants are required to have two letters of recommendation. The first letter of recommendation **MUST** be from your pastor; the second from one of the following: parish coordinator of youth ministry, coordinator of religious education, catechist, teacher, or parish council member. *The second letter may not be from a parent or relative.* A maximum of two senate members will be selected per parish. The term is one year. Serving Senate members must reapply on an annual basis.

Please complete and submit the **attached application** and **both letters of recommendation** by **June 28, 2019**. The Diocese of Tulsa Youth Office will notify you of your application status.

Again, thank you for your interest!

In Christ,

Sarah Jameson, Director  
Youth & Young Adult Office



## YOUTH SENATE APPLICATION 2019-2020

(Please print)

Youth's Name: \_\_\_\_\_

Parish (Name/City): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt **Adult** Sizes: S M L XL 2XL

All Youth Senators **MUST** be able to commit to the following meetings and events (for those far from the Tulsa metro, attendance at meetings can be done electronically through a high-speed internet connection except where noted\*) for the Youth Senate. All applicants and parents must initial each date. Locations of retreat and meetings TBA.

<b>Parent/App Initial Each</b>	<b>Date</b>	<b>Meeting/Event</b>
_____/_____/_____	<b>August 9-11, 2019</b>	<b>Senate Kick-Off Retreat – St. Anthony Church, Okmulgee</b>
_____/_____/_____	<b>September 7, 2019</b>	<b>Senate Meeting – Chancery, Broken Arrow</b>
_____/_____/_____	<b>October 18-19, 2019</b>	<b>DIOCESAN CATHOLIC YOUTH CONFERENCE</b> (setup Friday; Saturday lead & enjoy the conference) – <b>UMAC/PAC at Union Public Schools, Tulsa *</b>
_____/_____/_____	<b>December 6-7, 2019</b>	<b>Advent Service Retreat – Catholic Charities, Tulsa</b>
_____/_____/_____	<b>March 7, 2020</b>	<b>JUNIOR HIGH CATHOLIC YOUTH CONFERENCE (JCYC: setup, lead &amp; enjoy the conference)</b> – <b>Bishop Kelley High School, Tulsa</b>
_____/_____/_____	<b>May 3, 2020*</b>	<b>Closing Celebration</b>

### Short Essays

Below are a series of questions that pertain to an individual's readiness to be a senate member. Please answer each question completely and to the best of your ability.

1) Please state why you would like to be a Youth Senate Member. What leadership qualities do you have? Be specific.

2) Describe your participation in your parish youth ministry program. How will you be the best youth representative of your parish?

3) Youth Senators must actively practice their Catholic faith. Do you attend Mass EVERY Sunday and Holy Days of Obligation? Do you go to Confession regularly? Explain your answers.

4) How does your faith impact your everyday life? Include a description of your prayer life.

5) Describe your experience, hobbies, knowledge, training and skills that qualify you to be a Youth Senator:

6) Are you aware of anything that could prevent you from fulfilling your commitment as a member of the Senate? (ie. job, school activity) Be specific.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Section:**

I understand the importance of my child's involvement as a member of the Diocesan Youth Senate and I will support him/her in this endeavor. Furthermore, I understand that it is my responsibility to make travel arrangements for my child to and from meetings and events.

**SIGNATURE:**

**Custodial Parent/Guardian Name (please print):** \_\_\_\_\_

**Custodial Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deadline: June 28, 2019, to:  
Diocese of Tulsa & Eastern OK  
Attn: Youth Office  
PO Box 690240  
Tulsa OK 74169-0240**

Questions? Contact the Youth Office at [youth.office@dioceseoftulsa.org](mailto:youth.office@dioceseoftulsa.org),  
918/307-4940 or 918/307-4939

# Form A Annual Registration / Consent Youth

rev. 4/2018

School/Parish \_\_\_\_\_ City: \_\_\_\_\_

School/Parish Year: 2019- 2020

## **REGISTRATION CONSENT AND WAIVER FORM for RE/YOUTH ACTIVITIES**

*This Form must be completed and executed for participation in the RE/Youth Activities as a part of registration.*

(Please print)

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Girl/Boy: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Participant resides with (check all that applies): Mother  Father  Guardian(s) \_\_\_\_\_

Custodial Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**PARTICIPATION PERMISSION:** I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be allowed participate in the RE/Youth programs, events and activities to be held at (Parish Name) parish during the 2019/2020 school/parish year (the "RE/Youth Activities"). I understand that the RE/Youth Activities consist of weekly sessions and related activities which may be held from time-to-time.

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither the Diocese of Tulsa or (Parish Name) nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the RE/Youth Activities.

**MEDICAL INFORMATION:** Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.)

yes  no **If yes**, explain (attach additional sheets as necessary): \_\_\_\_\_

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.)  yes  no **If yes**, explain (attach additional sheets as necessary): \_\_\_\_\_

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.)  yes  no **If yes**, explain (attach additional sheets as needed): \_\_\_\_\_

Does your child have any disabilities or physical or developmental limitations?  yes  no **If yes**, explain (attach additional sheets as necessary): \_\_\_\_\_

Participant's Primary Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_ Date of last tetanus immunization: \_\_\_\_\_

\_\_\_\_\_ (Parent Initial)

**As a rule, medication will not be administered by RE/Youth Program staff. The exception is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a separate Consent and Waiver Medication Form must be completed prior to the activity.**

**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of Participant to so participate.

In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE, Diocese of Tulsa**, the Bishop of the Diocese of Tulsa, and the Diocese of Tulsa and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the RE/Youth Activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, housing, meals and collateral entertainment to the fullest extent permitted by law.

**USE OF IMAGE WAIVER:** I hereby grant the parish and/or the Diocese of Tulsa permission to use my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the parish and/or the Diocese of Tulsa and will not be returned. I hereby irrevocably authorize the parish and/or the Diocese of Tulsa to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the parish and/or Diocese of Tulsa's programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I also understand that, should I refuse to initial here, this will not preclude my child from participation.

\_\_\_\_\_ (Parent Initial)

**COMMUNICATION/SOCIAL MEDIA CONSENT:** I understand that social media (Facebook, Twitter, Google+, etc.) and/or cellular communication (cell phone, texting, Fast Follow) can be a great way to inform my child of events, youth functions, catechetical opportunities, and service projects—if my child has access to any of these media. I acknowledge that these media may be used to inform my child of upcoming events. I hereby grant the parish and/or the Diocese of Tulsa permission to communicate with the participant through social media. I acknowledge that the primary purpose of such communication shall be for providing information related to ministries or events and not for socialization, counseling, or other personal interaction. I also understand that, should I refuse to initial here, this will not preclude my child from participation.

\_\_\_\_\_ (Parent Initial)

**CONDUCT POLICY:** I hereby acknowledge the participant is to maintain conduct in a manner consistent with the policies of the parish and/or the Diocese of Tulsa. I understand that failure to do so may result in my child being required to leave the RE/youth activity and/or to discontinue participation in future youth programs and activities at the discretion of the parish, school, and/or the Diocese of Tulsa. Understanding this, my child and I commit to the following **(Parent/Participant 12 years of age and older initial each)**:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ My child will not possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances. I understand that failure to abide by this rule will result in my child's immediate dismissal from the RE/youth activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ My child will not possess, obtain, or use a weapon of any kind, *including pocket knives*. I understand that failure to abide by this rule will result in my child's immediate dismissal from the RE/youth activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ My child will maintain decorum and discipline. I understand that, should a discipline problem arise and my child is involved, my child will be immediately dismissed from the activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

**I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this ANNUAL REGISTRATION/CONSENT RE/YOUTH ACTIVITIES consisting of two (2) pages.**

**SIGNATURE:**

**Participant's Signature (12 years and up):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Custodial Parent/Guardian Name (please print):** \_\_\_\_\_

**Custodial Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_