

Youth & Young Adult Ministry

Office of Evangelization & Catechesis

Diocese of Baton Rouge

P.O. Box 2028

Baton Rouge, LA 70821-2028

Phone 225-336-8751

We are now accepting appointments for the Society of St. John's mentors. Please follow the steps below to appoint **mentors**.

- STEP 1 APPOINT/RE-APPOINT ONE REPRESENTATIVE**
- STEP 2 COMPLETE SSJ PARISH/SCHOOL APPOINTMENT FORM**
- STEP 3 COMPLETE SSJ MEMBER PACKET**
Give the nominee the SSJ MENTOR PACKET to complete and send back via mail or email.
- STEP 4 HAVE PASTOR FILL OUT PRIEST RECOMMENDATION FORM**
- STEP 5 RETURN SSJ APPOINTMENT PACKET**
Return the signed appointment form and the SSJ Representative Packet to the Diocesan Youth Ministry Staff by **Wednesday, May 30.**
- STEP 6 INTERVIEWS**
Each appointed mentor will have an interview that will be scheduled at a later date. Final acceptance into the society as a mentor is contingent upon the result of the interview with diocesan staff.

**2018-2019 SOCIETY OF ST. JOHN
PARISH/SCHOOL APPOINTMENT FORM
Mentor**

(To be completed by the Parish/School SSJ Adult Contact person)
-PLEASE PRINT-

Parish / Catholic School: _____

Adult Contact Person: _____ Position: _____

Mailing Address: _____ Phone #: (w) _____

_____ (h) _____

E-mail: _____ (f) _____

<p>Mentor APPOINTEE: _____ Male / Female (circle one)</p> <p>Mailing Address: _____ Phone #: (h) _____</p> <p>_____ (Cell) _____</p> <p>Church Parish: _____ E-Mail: _____</p> <p>School (if applicable): _____</p> <p>Age: _____ (as of August 2018)</p>
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Why are you nominating this person?

SSJ Adult Contact Signature: _____ Date _____

**Please return this form to the Youth & Young Adult Ministry Staff no later than
Wednesday, May 30!**

SOCIETY OF ST. JOHN MENTOR PACKET



MENTOR INFORMATION FORM 2018-2019 SOCIETY OF ST. JOHN

(Please Print)

Name: _____ Age: _____ Sex: _____

Address: _____ Home Phone#: _____

_____ Cell Phone #: _____
(city, state, zip code) (if applicable)

Church Parish: _____ Birthdate: _____

School Attending (if applicable): _____

Email: _____ T-Shirt Size: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Leadership/Mentor RETREAT:

Retreat is July 14, 2018 from 10am-7pm.

All mentors are required to attend. Cost is FREE.

*If you are unable to attend at all, you will be required to meet with a member of the Leadership Team to undergo training.

List and describe your **SCHOOL** commitments (If still in college):

List and describe your **CHURCH PARISH** activities:

Which Church teachings do you struggle to apply in your own life? (Reconciliation, participation in Mass, chastity, abstaining from drugs and alcohol, etc.)

LEADERSHIP & ACCOUNTABILITY

Name some of your gifts that you can contribute to the youth and the society?

In what areas do you need to be challenged to grow?

What leadership experience do you currently have?

We ask that you be present for **80%** of all meetings and **ALL** major events. Is there any reason why you would not be able to be committed to SSJ and your parish/school?

PRIEST RECOMMENDATION FORM

Mentor

-This form may be completed by either the Pastor or the Associate Pastor-

Mentor Appointee Name: _____

Please describe the character of the appointee and why you think he/she would be a positive addition to the Society of St. John:

What has been your most memorable interaction with the appointee and why?

Is there any reason why you would NOT recommend this individual to join the Society of St. John as a mentor to young people?

Parish: _____

Pastor's Name: _____

(Please Print)

Pastor's Signature: _____

SOCIETY OF ST. JOHN

DESCRIPTION

PURPOSE/MISSION

SSJ Exists to:

- Cultivate a continual and personal encounter with Jesus Christ in his Church
- Provide an opportunity for deep faith formation for high school juniors and seniors in the Diocese of Baton Rouge
- Apprentice young people in the life of discipleship under the mentorship of those who are adept at practically living out this life of discipleship
- Provide occasions for young people to act as witnesses to the faith themselves and thereby mentor other youth

The society exists to cultivate the encounter with Jesus Christ these young people have had and to deepen the faith formation of older high school students who have been identified as having the capacity and drive to enter more deeply into the faith. So as to strike an appropriate balance between the contemplative and active modes of theological formation, this deeper dive into the faith will be complemented by adult mentorship in what it looks like to help facilitate another's encounter with Christ and to practically apply the principles of the faith in daily living. The society will be an exercise in faith lived through the reality and beauty of the Church and through a community of peers all striving to live that life well. Members will collaborate on a rule of life for which they will be accountable to each other throughout the year. The primary focus of the lived aspect of the society will be in the realm of the ordinary—in the members' families, schools, friend groups, clubs, sports, etc.—but these young disciples will also be able to minister to their peers at such events as Red Stick Catholic Fest and the Alternative Spring Break retreat for high schoolers.

COMPOSITION

- The SSJ is comprised of one (1) youth and one (1) mentor from each parish and Catholic high school from across the diocese.
- In addition, the Office of Youth Ministry will add “at-large” members and mentors. (“At-large” member -A teen from the Diocese of Baton Rouge who is not appointed by a specific parish or school, but is chosen by the Youth Ministry Staff to serve as an additional representative in the Society of St. John.)

SELECTION

- Adult youth ministry coordinators from parishes and schools appoint one (1) youth and one (1) mentor to represent their parishes. This takes place in late spring (April – May).
- The Youth & Young Adult Ministry Staff also makes selections of “at-large” members/mentors during this time.

QUALITIES/ABILITIES SOUGHT (MENTORS)

- At least 21 years of age
- Person of FAITH: witness to Catholic Christian faith and someone who actively strives to live this faith in every situation
- Active in local (parish/school/civic) ministry efforts and life of the Church
- Demonstrated leadership skills and ability to work well with high school age youth
- Comfortable mentoring youth in a variety of ways – in study of Church teaching, engaging Scripture, exploring the Church's rich tradition of prayer and liturgy, etc.

NB: SSJ should not be a substitute for the young person's involvement in parish/school ministry activities. Additionally, SSJ is never to be used as a tool for encouraging a child in faith formation who is otherwise unwilling or uninterested and should not be viewed as a substitute for a student's regular social interactions.

SOCIETY OF ST. JOHN GENERAL SCHEDULE 2018-2019

Dates of gatherings:

SSJ Leadership/Mentor Retreat	July 14
SSJ RETREAT	August 3-5
SSJ General Meeting	August 30*
SSJ Mentor Meeting	September 27
SSJ Mentor Meeting	October 25
RSCF Work Meetings	November 6 & 7
Red Stick Catholic Fest	November 10
SSJ Mentor Meeting	November 15
SSJ General Meeting	November 29
SSJ Advent Meeting	December 13
SSJ Leadership Meeting	January 22 (Tuesday)
SSJ General Meeting	January 24*
SSJ Mentor Meeting	February 28
SSJ Mentor Meeting	March 28
SSJ Mentor Meeting	April 11
SSJ General Meeting\	
Senior Night	April 25
ASB Retreat	April 26-28

Dates, times, and locations subject to change.

*Leadership and mentors will meet for an extra hour after each of these general meetings to prepare for upcoming mentor meetings

<u>Meeting place:</u>	Catholic Life Center for General Meetings TBD Locations for Mentor Meetings
<u>Time of SSJ meetings:</u>	Thursdays 6 - 8 p.m. unless otherwise noted
<u>Persons Responsible:</u>	Olivia Gulino, Office of Youth Ministry, & Diocesan Leadership Team & Mentors
<u>Mode of Transportation:</u>	Responsibility of family

FYI

RSCF: Red Stick Catholic Fest

ASB Retreat: Alternative Spring Break Retreat

**SOCIETY OF ST. JOHN (SSJ)
LIABILITY WAIVERS PACKET**

**Please read and fill out with your parent/guardian and return
all forms to the Diocesan Youth Ministry Staff.**

MAIL:

Youth & Young Adult Ministry
Attn: SSJ
PO Box 2028
Baton Rouge, LA 70821

EMAIL (.pdf):

ogulino@diobr.org

- Mentor Information Sheet & Questionnaire**
- SSJ Consent Form & Medical Release**
*(Please include a COPY–FRONT & BACK–of your Medical Insurance
Card with this form)*
- Image Release**

SOCIETY OF ST. JOHN
CONSENT FORM & MEDICAL RELEASE

(Please Include a COPY of your Medical Insurance Card)

MENTOR'S FULL NAME: *(Please Print)* _____

BIRTHDATE: ___/___/___ **MALE / FEMALE**

I hereby warrant that to the best of my knowledge, I am in good health, and/or I have listed in detail on the accompanying medical information form any known allergies and/or any physical limitations I may have. _____ *(Initial here)*

In the event of an emergency, I hereby give permission to transport me to a hospital and hereby authorize medical treatment including, but not limited to, emergency surgery, and I, notwithstanding any question of liability involved in this emergency, fully and completely assume responsibility for all medical bills. In the event of an emergency, I authorize you to contact the listed emergency contact. _____ *(Initial here)*

Should it be necessary for me to return home due to medical reasons, I assume all responsibility and transportation costs. _____ *(Initial here)*

I hereby agree to indemnify and hold the Diocese of Baton Rouge and the Office of Evangelization and Catechesis and its respective members, directors, employees and agents (collectively, the "Indemnitees") harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fees and expenses sustained by the Indemnities as the result of the negligent, willful or intentional acts on my part (regardless of age). _____ *(Initial here)*

FULL NAME (print) _____ **DATE** _____

SIGNATURE _____ **DATE** _____

MEDICAL INFORMATION

FAMILY PHYSICIAN _____ PHONE () _____

INSURANCE NAME _____

INSURANCE GROUP/POLICY NUMBER _____

ALLERGIES (medications, food, plants, insects, etc.)

ANY PHYSICAL LIMITATIONS?

CONTACT INFORMATION

MENTOR'S NAME: _____

HOME ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE () _____ WORK PHONE () _____
CELL PHONE () _____ OTHER PHONE () _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1: _____

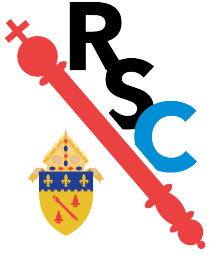
PHONE: () _____ RELATION: _____

EMERGENCY CONTACT 2: _____

PHONE: () _____ RELATION: _____

*No child or adult will be allowed to participate in any SSJ function without this completed permission slip. Please notify the Diocesan Office of Evangelization and Catechesis if any CHANGES in the above information should occur.

******(Please include a COPY of your
Medical Insurance Card with this form)******



**Image Release Form
Diocese of Baton Rouge
Youth and Young Adult Ministry
Office of Evangelization and Catechesis**

I, _____, hereby grant permission to the Youth and Young Adult Ministry department of the Office of Evangelization and Catechesis and/or the Diocese of Baton Rouge to publish and/or print my name and/or likeness on any promotional materials for Youth and Young Adult Ministry and on the Youth and Young Adult Ministry web site on the internet and/or world wide web.

I hereby further release, indemnify, and hold harmless the Office of Evangelization, the Roman Catholic Church of the Diocese of Baton Rouge, their directors, officers, agents, pastor(s), employees, and insurers from any and all claims and/or damages on behalf of myself arising from the publication of my name, photograph, or likeness on videotape and/or film on Youth Ministry and Young Adult promotional materials and web site on the internet or the world wide web.

Signature of person in image(s)

(Date)