

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 members. Please follow the steps below to appoint **youth**.

- STEP 1 APPOINT/RE-APPOINT ONE REPRESENTATIVE**
Each parish/school is only to have ONE rep on SSJ at one time and should be either a junior or senior in high school.
- STEP 2 COMPLETE SSJ PARISH/SCHOOL APPOINTMENT FORM**
This form needs to be completed even if you are reappointing the same representative. Please prayerfully consider the structure and mission of the new society outlined in the welcome letter and allow that discernment to influence who you will appoint.
- STEP 3 COMPLETE SSJ MEMBER PACKET**
Give them the SSJ MEMBER PACKET to complete and mail back.
*Note: This packet includes SSJ Application, Liability Forms, and SSJ Retreat Registration.
- 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 representative will have an interview that will be scheduled at a later date. The result of the interview will be discussed with the parish. Final acceptance into the Society of St. John is contingent upon the result of the interview with diocesan staff.

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

(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) _____

SSJ APPOINTEE: _____ Male / Female (circle one)
Mailing Address: _____ Phone #: (h) _____
_____ (Cell) _____
Church Parish: _____ E-Mail: _____
School: _____ Grade: _____ (As of August 2018)
Has previously served on DYB? YES / NO (circle one)

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 MEMBER PACKET



SSJ MEMBER 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: _____ Birth-date: _____

School Attending: _____ T-Shirt Size: _____

Youth's Email : _____ Parent Email: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

In August 2018, I will be a... ___ Freshman ___ Sophomore ___ Junior ___ Senior.

SSJ RETREAT:

Retreat is August 3-5, 2018 from 8:00PM Friday to 3:00PM Sunday.

All SSJ Members are required to attend.

Cost is \$20.00 per person. Please make checks out to the Diocese of Baton Rouge and return with this packet.

*If you are unable to attend at all, you will not be allowed in SSJ for this year.

List and describe your **SCHOOL** commitments (Extracurricular):

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 would like to develop through SSJ.

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

Youth

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

SSJ 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 (formerly the Diocesan Youth Board):

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

Is there any reason why you would NOT recommend this individual for the Society of St. John?

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 and intentional community 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 society is comprised of one (1) youth from each parish and Catholic high school from across the diocese.
- In addition, the Office of Youth Ministry will add “at-large” members. (“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 to represent their parishes. This takes place in late spring (April – May).
- The Youth Ministry Staff also makes selections of “at-large” members during this time.

QUALITIES/ABILITIES SOUGHT

- High school junior or senior
- 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) youth ministry efforts
- Demonstrated leadership potential
- Willingness to engage with other students from a variety of parishes and geographical demographics at meetings and collaborating on tasks delegated to him/her by the leadership

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 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 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

<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

Dates, times, and locations subject to change.

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

- SSJ Consent Form & Medical Release**
(Please include a COPY of your Medical Insurance Card with this form)

- Texting Release**

- Image Release**

- Bus Release**
(For the bus to and from the service project)

- SSJ System of Accountability**

SOCIETY OF ST. JOHN
CONSENT FORM & MEDICAL RELEASE

(Please Include a COPY of your Medical Insurance Card)

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

BIRTHDATE: ___/___/___ **MALE / FEMALE** **SCHOOL** _____

I, *(name of parent or legal guardian)* _____, am the parent or legal guardian of *(name of child/participant)* _____.

I hereby grant permission for my child/participant to fully participate in all activities or events that the Society of St. John Ministry sponsors or attends from July 2018 until May 2019. I understand that all activities or events will take place under the guidance and supervision of a diocesan representative, leadership team member, or mentor of the Society of St. John. _____ *(Initials of Parent/Guardian)*

In the event that travel is necessary for participation, I understand that my child/participant will be traveling to and from such activities or events in either a rented vehicle/bus or a personal vehicle driven by an advisor or chaperone. _____ *(Initials of Parent/Guardian)*

Authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for my child/participant. _____ *(Initials of Parent/Guardian)*

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

In the event of an emergency, I hereby give permission to transport my child/participant 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, if you are unable to reach me at the listed telephone numbers, I authorize you to contact the listed emergency contact. _____ *(Initials of Parent/Guardian)*

Should it be necessary for my child/participant to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs. _____ *(Initials of Parent/Guardian)*

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 of my child/participant (regardless of age). _____ *(Initials of Parent/Guardian)*

PARENT/LEGAL GUARDIAN'S NAME *(Printed)* _____

SIGNATURE _____ **DATE** _____

PARTICIPANT'S SIGNATURE _____ **DATE** _____

MEDICAL INFORMATION

FAMILY PHYSICIAN _____ PHONE () _____

INSURANCE NAME _____

INSURANCE GROUP/POLICY NUMBER _____

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

ANY PHYSICAL LIMITATIONS?

CONTACT INFORMATION

PARENT/GUARDIAN'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 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)******

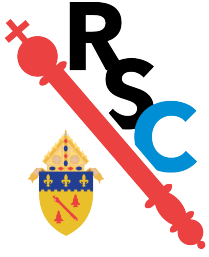


Image Release Form
Diocese of Baton Rouge
Youth and Young Adult Ministry
Office of Evangelization and Catechesis

I/we, _____, 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/our child's 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/we 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/ourselves and/or our child arising from the publication of my/our child's names, 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)

Parent/Guardian

(Date)



Diocese of Baton Rouge
Youth & Young Adult Ministry
Office of Evangelization & Catechesis

Text Message Release form

I, _____ hereby grant permission for my child, _____ to receive Remind 101 text message updates from the Diocese of Baton Rouge Office of Evangelization and Catechesis Youth Ministry staff pertaining to the Society of St. John). These updates will come as text messages, and do not require that the youth have any sort of account. I understand that standard text messaging rates do apply, and that my child can opt out of the messaging at any time.

I understand that the purpose of this messaging system will be to provide information about the Society of St. John to my child. It is not to be used as the primary form of communication among society members. Replying to the Remind messages by Society of St. John Members is not enabled. However, if they choose to reply, their language will be held to the standards of the Society of St. John Code of Conduct. Any use of profanity or inappropriate language will result in the termination of that member from the Society of St. John.

(Society of St. John Applicant's Signature)

(Date)

(Parent's Signature)

(Date)

(Cell Phone Number to Receive Texts)

(YOUTH BUS FORM)

PARENTAL/ LEGAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Work phone: _____

I, _____ grant my permission for my child, _____
Parent or Guardian's name Child's name

To participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from _____.
Name of parish

A brief description of the activity that follows:

Type of event: Society of St. John Retreat – Diocese of Baton Rouge
Destination of event: Service Project
Transportation: School Bus
Individual in charge: Olivia Gulino, Associate Director of Youth & Young Adult Ministry
Estimated time of program: 2:00pm – 4:00pm, Saturday August 4, 2018

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees
Name of parish
and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney’s fees and expenses which they may incur in any action brought against them as a result of such injury, or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

System of Accountability Society of St. John 2018-2019

Listed below are standards for being a member of the Society of St. John. Please read and carefully consider them.

1. **Sign-In and Sign-Out of SSJ Meetings, Work Days, and Events:** We will have a table for signing in and out for all meetings and events, please be aware of this because you will not be counted as present if you do not sign in AND out.
2. **You must make THREE out of FIVE General Meetings:** From the August meeting through the April meeting, we have 5 general meetings with the entire youth board, team of mentors, and leadership team present. We ask that you make at least six of these. Excused absences do not count against you.
3. **You must attend FOUR out of SIX Mentor Meetings:** There are 6 mentor meetings during the academic year, where you and several other SSJ members will meet with your assigned team of mentors. If you have to miss one of these meetings, you must give advance notice to both the mentors and to Olivia.
3. **You must make at least ONE of the Work Day Meetings for EACH event:** Two work days will be held before Red Stick Catholic Fest, and you must attend one of these meetings to be able to participate at RSCF. Similarly, two work days will be held before the ASB retreat, and you must attend one of these.
4. **Missing a meeting, work day, or event:** If you have an excuse to miss a meeting (Ex: Play Rehearsal or basketball game), you must let Olivia know **at least one day ahead of time**. Please email or call her and let her know (ogulino@diobr.org, 225-336-8751). Please do not ask other SSJ members, leadership team, mentor, or a parent to let her know. An absence is only excused if you yourself as the society member communicate the reason. We will not accept an excused absence after the meeting except in the case of an emergency.
5. **Letter of Accountability:** If you miss two meetings without an excuse, you will receive a letter stating that you must meet with diocesan staff to discuss your current society status, and if you do not respond to the letter, you will not be invited to attend any further society meetings or events.

I hereby agree to adhere to the Society of St. John standards to the best of my ability for the 2018-2019 year.

(Signature of SSJ Member)