



*"As each one has received a gift, use it to serve one another as good stewards of
God's varied grace." 1 Peter 4:10*

Nomination Brochure

2019-2020

The Office of Adolescent Catechesis and
Evangelization is supported by the Diocesan
Services Fund

2403 Holcombe Boulevard
Houston, Texas 77021
713.741.8723



Archdiocese of Galveston-Houston

Timothy E. Colbert, Director

December 2018

Dear Parish Youth Ministry and Catholic High School Campus Ministry Leaders:

It is that time of year to begin thinking about the young people you wish to nominate to serve on the Archdiocesan Youth Council for the Archdiocese of Galveston-Houston.

I pray that you will take this opportunity to discern the many gifts that the young people of your parish/school possess and consider offering those youth the opportunity to serve the larger Church as representatives of their peers with humility over the next year. Those who will serve are not set apart as having more privileges than their peers. They are called forth as servant leaders to give selflessly without seeking personal gain or public recognition.

As you review this nomination packet, please pay particular attention to the check list on page 5 to make sure you have submitted all necessary paperwork for your nominees. It serves as a quick guide for you to converse with your nominees and parents regarding the work of the council, how it operates and the procedures that govern it. Make sure the nominees and parents know that in order to serve on the council, the teen must attend the Discernment Weekend Retreat on March 1-3, 2019 and all materials needed for completed nomination process are due by February 15, 2019.

If you currently have 2 or more youth currently on the council who are eligible for discernment, you will not be able to nominate others. It will be important for you to have conversation with those currently serving to inquire if they are interested in serving an additional year or you may nominate someone new in that representative's place. Youth Council Members seeking an additional second or third term must be re-nominated. No more than two youth will be allowed to serve from each parish/school per year. If you are planning to nominate youth currently serving, you must complete a new nomination form and letter. Please send your nominations to Randy Adams, 2403 Holcombe Blvd., Houston, TX 77021 or radams@archgh.org. If you have any questions, please feel free to contact myself or Randy Adams at 713-741-8723.

Timothy E. Colbert
Director

Goals of the Archdiocesan Youth Council

In response to the mission statement of the Office of Adolescent Catechesis and Evangelization, the Archdiocesan Youth Council was established in March, 1994 with the first members beginning July 1994 for the following purposes:

- To assist in assuring active participation of youth in Archdiocesan events.
- To assist in interpreting the needs of youth and advocate for their concerns to the Archbishop and Archdiocesan officials.
- To represent the youth of the Archdiocese in various capacities and to encourage the Archdiocese to attend to their needs.
- To further Christian growth through involvement in developing programs for youth. This shall be accomplished through observation, discussion, and action.

In the context of youth ministry, the council works to foster the total personal and spiritual growth of each young person in the Archdiocese. It also seeks to draw young people to responsible participation in the life, mission and work of the faith community. (Adapted from the USCCB Document, *Renewing the Vision: A Framework for Catholic Youth Ministry*, 1997)

Archdiocesan Youth Council Members

While it is a given that all young people have potential, it is recognized that some special characteristics and talents would be helpful for prospective representatives. An Archdiocesan Youth Council Member should:

- Be nominated by a parish or Catholic high school official who can attest to the nominee's leadership skills and level of commitment.
- Be an incoming high school sophomore, junior or senior for the 2019-2020 academic year.
- Must be an active participant in a parish youth ministry/high school campus ministry program.
- Have the ability to listen to others and to report their concerns without judgment and be honest in communicating their own feelings.
- Be able to consider the whole Archdiocesan reality rather than the individual parish or school.
- Be an individual who is able to take responsibility for his/ her attendance and commitment to the areas assigned.

Meeting Schedule

All new council members will be required to participate in planning meetings, which are held three times during the year (Camp Kappe Youth Retreat Facility). The 2019-2020 meeting dates are:

- **March 1-3, 2019**
- **August 10 - 12, 2019**
- **December 13-15, 2019**

In addition to the council meetings, they will also have the responsibility of one additional committee to fulfill their duties and some may be called forth to serve on the Leadership Team which calls for additional meetings.

All nominees must attend the mandatory discernment weekend experience March 1-3, 2019. This weekend is designed to help the nominees get to know one another and to get a first-hand view of the mission and ministry of the council.

Duties of the Archdiocesan Youth Council

This body of representatives from parishes and Catholic high schools is called to:

- Bring the youth of the Archdiocese together to gather the needs and concerns of their peers within the Archdiocese of Galveston-Houston and gain input for the planning and implementation of the numerous Archdiocesan youth formation programs.
- Meet at least three times each year as a council to share information, plans, ideas, and be mentored by key adults in the area of youth ministry/campus ministry.
- Participate in planning and implementation of programs designed for younger and older adolescents
- Maintain communication with youth of the Archdiocese in a variety of ways including articles written by youth to youth in the Archdiocesan newspaper "The Texas Catholic Herald," through special mailings and publications, through personal efforts, and through special focus group sessions.
- Maintain communications with Archdiocesan officials through letters and committee meetings throughout the year.
- Maintain a high level of commitment and responsibility by holding each other accountable for their actions and follow through on assignments.

Archdiocesan Youth Council Adult Advisory Team

A select group of adult youth ministry/campus ministry leaders have been chosen to assist the Office of Adolescent Catechesis and Evangelization Director and Associate Directors who have the responsibility for coordination, formation, and development of the group. The advisory team assists with the ongoing training, development, chaperoning and mentoring of the youth council.

As an Archdiocesan Youth Council Member...

*Here Are Two
Gatherings with
Cardinal DiNardo
Not to Miss*



*Commissioning of
2019-2020
Archdiocesan Youth
Council at the
Archdiocesan Youth
Conference (AYC)*



**July 28, 2019
Mass begins at 9:30 am**

Hilton Americas - Downtown Houston

Archdiocesan Youth Council Breakfast with Cardinal DiNardo

**During the August Youth Council Committee Work Weekend
August 10-12, 2019**

Camp Kappe Youth Retreat Facility



NOMINATION PROCESS

In nominating potential youth council members, please follow the steps listed. Check off as you complete each task.

Note that youth ministry leaders may not nominate their own son/daughter.



- Select young people that match the listed qualities of potential council members. Remember, no more than 2 youth may be nominated from one parish/school.
Please do your best to nominate one boy and one girl.
- Have an in-depth conversation (in person...not via email or other social networking) with your nominees about the council and the responsibilities it entails including: Mandatory Discernment Weekend Date in March 1-3, 2019
 - Other Weekend Meetings
 - Role and Responsibilities of the Council. (Committee Meetings)
 - Nomination and attendance at the Discernment Weekend does not guarantee membership on the council.
- After meeting with your nominees, meet in person with their parents (not via email or other social networking) to discuss the same information shared with the nominees
 - Include the parent's role in supporting the nominee through the entire process.
 - Getting young people to meeting sites.
- If both the parent and nominee agree to the nomination, complete the form on the back of the brochure.
- Make sure one of the parents signs the nomination form on the designated line.
- Write a one page letter of recommendation on each nominee. Remember, this letter should be written by the nominating adult, not the parent or young person. If you have more than one nominee, make sure each letter is separate and distinct from the other. Include the following in the letter:
 - Share nominee's involvement on the parish, deanery, school, and Archdiocesan levels.
 - Share any experience the young person has had in the area of program planning.
 - Describe your experience of the nominee living his/her faith.
 - As concisely as possible, describe the nominee and tell why you feel he/she would make a good representative on the Archdiocesan Youth Council.
- Submit the Nomination Form, a Letter of Recommendation, Parental /Guardian Consent/Liability Waiver and Medical Form, and a current picture of the nominee to the Office of Adolescent Catechesis and Evangelization by February 15, 2019.

2019-2020
Archdiocesan Youth Council

Name of Nominee

Date of Birth

Street Address

Year in School (As of August 2019)

City, State, and Zip code

Nominating Parish or Catholic High School

Youth Nominee's Cell Number

Youth Nominee's Email Address

Names of Parents/Guardians

Cell Number for Parent/Guardian

Parent's Email Address

Place picture here

Signature of Youth Nominee

Signature of Parent/Guardian

Archdiocese of Galveston-Houston
Office of Adolescent Catechesis and Evangelization

**Archdiocese of Galveston-Houston
Office of Adolescent Catechesis and Evangelization
Parental Consent Form, Liability Waiver & Medical Consent**

Participant's Name _____ Date of Birth _____
 Home Address _____ City/Zip Code _____
 Parish or Catholic School _____ Grade (As of Aug. 2018) _____
 Age: _____ Gender: _____
 Participant's Email Address _____
 Participant's Cell Phone: _____
 Parent(s)/Guardian(s) _____ Home Phone (____) _____
 T-Shirt Size: SM Med L XL 2XL 3XL 4XL Circle One Parent Cell Phone Number: (____) _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child, (participant's name) _____, if discerned, to participate in **all Youth Council Retreats** (including the following weekend meetings a Camp Kappe: **March 1-3, 2019, Aug. 9-11, 2019, and Dec. 13-15, 2019**

I agree on behalf of myself, my child's other parent if known or living (name of parent), _____, my child named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish/school (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian) _____ **Date** _____

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) _____ **Date** _____

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian) _____ **Date** _____

MEDICAL CONSENT

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

Has had an episode the following or has been diagnosed: Seizures _____ Asthma _____ Diabetic _____

Allergic reactions to the following (foods, dyes, latex etc.) _____

Has had a medical surgery within the last six months? _____ Yes _____ No Still under doctor's care? _____ Yes _____ No

Has a medically prescribed diet? _____

The following physical limitations? _____ Immunizations current and up to date: _____ Yes _____ No

Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child: _____

Insurance Information: _____ **No, I do not carry medical insurance at this time.**

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately.

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date