



3. Explain how you would handle the following situations if you were to become a YAC member:

a. During a silent reflection, your friends are talking and disturbing others.

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b. During an event, somebody is sitting in the corner by them self.

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c. People are not participating in the planned activities during an event.

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d. You find out that you don't agree with the majority of YAC during a discussion.

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Youth Action Council members will be asked to attend two scheduled planning meetings and two annual Youth Action Council Weekend Retreats. Do you have the time to commit to these activities?  
Yes No

Because most youth on the council are members of more than one team, it is understandable when they miss one meeting due to scheduling conflicts. However, because you would be agreeing to be part of this team, it is important that you make every effort to be at the scheduled meetings and retreats. If I am unable to attend for any reason, I will write a letter to explain my absence.

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Youth Signature

Often times, members ride with each other to the meetings and retreats since they are held throughout the diocese. This will involve traveling outside of your local area. I understand that meetings will be held throughout the diocese and that I will be asked to secure my own transportation.

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Youth Signature

Applicants are asked to have attended two events before submitting an application. Which two events have you attended?

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**Community Covenant:**

I recognize that by choosing to participate in the Youth Action Council I am choosing to follow all ground rules of the Community Covenant stated here or during events. I understand Covenant rules are non-negotiable. While at this event, I will try to the best of my ability to follow Jesus' command to love my neighbor as myself. Thus, I will: Respect the other participants and their property; Respect whoever is speaking; Respect the adult leaders; Respect event staff; And Respect the people that I will be encountering during events. I agree to remain with the group during activities. I agree to not commit acts of theft or violence. I agree to remain with the group during activities. I will always behave in a manner that is conducive to loving and building others up. I agree not to use or possess any tobacco, alcohol, drugs, or weapons while at this event. The Book of Common Prayer says that one of our duties to our neighbors is to "use all our bodily desires as God intended" (p. 848). At this event we will be participating in activities that will lead to fellowship in, and bonding as the Body of Christ. I accept that sexual activity is always prohibited. I realize that my choosing to break any of these ground rules or ones stated at the event will result in consequences that will consist of my parents being notified, and if significant enough, being sent home at the expense of my parents.

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Youth Signature

**TO BE COMPLETED BY CLERGY**

1) Does this person regularly participate in worship services? Yes No

2) Please give a description of the qualities, traits, and/or skills you believe this person possesses that would make them an outstanding candidate for the Youth Action Council. If you need more space, feel free to use the back of this form.

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Clergy Signature

**TO BE COMPLETED BY YOUTH LEADER** (If applicable)

1. Is this person actively involved in parish youth programs?                      Yes    No  
If yes, please list specific areas of involvement:

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- 2) Please give a description of the qualities, traits, and/or skills you believe this person possesses that would make them an outstanding candidate for the Youth Action Council. If you need more space, feel free to use the back of this form.

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- 3) Does this person have the maturity and determination needed for the Youth Action Council?  
                    Yes            No

- 4) Does this person have time to attend YAC retreats, meetings, and youth events?  
                    Yes        No

\_\_\_\_\_  
Youth Leader Signature

**TO BE COMPLETED BY PARENT**

I give my permission for \_\_\_\_\_ to participate in the Youth Action Council ministry sponsored by the Diocese of West Missouri. My child will be supervised by adult sponsors during meetings and retreats, and reasonable care and precautions can be expected at all times.

*I represent and agree as follows:* that my child is healthy and fully capable of participation in the Youth Action Council meetings and retreats without causing major risk or danger, illness, or accident to himself or herself or to others.

*I acknowledge* that I have read the information pertaining to the Youth Action Council, including the Community Covenant above, and have discussed it with my child. I agree that should my child break the rules of the Community Covenant, then I will be responsible for removing my child from an event.

*I release* the Episcopal Diocese of West Missouri to record my child's likeness, via still photo, video, and/or audio recording, to be used for the sole purpose of promoting diocesan youth events. I understand that these images may be published in the West Missouri Spirit, in pamphlets and brochures, and on the diocesan website, and I waive all rights for compensation.

I understand that they will be asked to travel to meetings and retreats, and that I am willing to provide transportation when necessary.

I would also like to receive email information on meeting dates and times.    Yes    No

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

\_\_\_\_\_ **Parent Signature**



REGISTRATION/PERMISSION and Medical Release Forms

Youth Name: \_\_\_\_\_ Event: Participation in 2010-2011 YAC

The above named person has my permission to attend and participate in the above named activity/event sponsored by the Episcopal Diocese of West Missouri. My child will be supervised by adult sponsors of this activity, and reasonable care and precautions can be expected at all times. *I represent and agree as follows:* that my child is healthy and fully capable of participation in said event without causing major risk or danger, illness, or accident to himself or herself or to others. *I acknowledge* that I have read the information pertaining to this event especially the Community Covenant below and have discussed it with my child. I agree that should my child break the rules of the Community Covenant and/or of the event staff, then I will be responsible for removing my child from this event. *I release* to Episcopal Diocese of West Missouri record my child's likeness, via still photo, video, and/or audio recording, to be used for the sole purpose of promoting diocesan youth events. I understand that these images may be published in pamphlets, newsletters and brochures, and on the diocesan website, and I waive all rights for compensation.

**Community Covenant:**

Events are designed to build my relationship with God and each other through God. I recognize that by choosing to be part of this council I am choosing to follow all ground rules of the Community Covenant stated here or and each event. While part of this council, and at each event, I will try to the best of my ability to follow Jesus' command to love my neighbor as myself. Because I want myself, and others to have a great experience I will:

- + Respect the other participants and their property
- + Respect whoever is speaking
- + Respect the adult leaders
- + Respect the event staff
- + Respect the people that I will be encountering at the event
- + Respect myself
- + Agree to remain with the group during activities.
- + Agree to not commit acts of theft or violence.
- + Always behave in a manner that is conducive to loving and building others up.

As part of this council I will be participating in activities that will lead to fellowship in the Body of Christ. The Book of Common Prayer says that one of our duties to our neighbors is to "use all our bodily desires as God intended" Again, because I want everyone to have a great experience:

- + I agree not to use or possess any tobacco, alcohol, illegal drugs, or weapons while at a council meeting or during any youth event. (p. 848, BCP).
- + I accept that sexual activity is always prohibited.
- + I realize that my choosing to break any of these ground rules or ones stated will result in consequences that potentially consists of my parents being notified, and if significant enough, being sent home at the expense of my parents.
- + I understand Covenant rules are non-negotiable.

\_\_\_\_\_  
**Signature of Youth Participant**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

T-Shirt Size: S M L XL XXL Vegetarian: Yes No

Graduation Year: \_\_\_\_\_

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

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

### Emergency Contact Information

In the event of a medical or other emergency, it is important that we be able to reach you as quickly as possible. Please list emergency contact people, beginning with parents and legal guardians, in the order we should attempt to contact them, and all phone numbers where they might be reached.

All information contained on this form will be kept strictly confidential, and shared with adult volunteers and medical personnel only as necessary for safety.

<i>Youth Action Council member</i>	
Name:	Date of Birth:
Sex: M F	
<b>EMERGENCY CONTACT INFORMATION</b>	
Name:	Phone # (home)
Relationship to Participant:	Phone # (work)
	Phone # (cell)
<b>IF PARENTS CANNOT BE REACHED</b>	
Emergency Contact 2:	Phone #:
Emergency Contact 3:	Phone #:

### MEDICAL AID CONSENT FORM AND WAIVER

In the event my/our child becomes ill or is injured, I/we hereby give my/our consent to the bearer of this form to present it to competent medical, paramedical, hospital, or hospital emergency room personnel. I/we also give consent that my/our child receive such medical care and/or treatment as the bearer of this form and the above named healthcare personnel may find necessary as a result of any illness, accident or medical emergency. If after such treatment (if required) is administered, it is the opinion of any of the aforementioned healthcare personnel that said child does not require hospitalization; he/she may be released to the bearer of this form.

In consideration of allowing my/our child to attend and participate in the Youth Action Council. I/we on behalf of myself/ourselves and on behalf of said child do hereby release and discharge The Episcopal Diocese of West Missouri, its vestry, officers, ministers, staff, employees and agents, and anyone else connected with said church and the Youth Action Council, of any and all known or unknown damages, injuries, losses, judgments and/or claims from any cause whatsoever that may arise in connection with my/our child's participation in said volunteer program. Further, I/we do hereby agree to indemnify and hold forever harmless the Episcopal Diocese of West Missouri, its vestry, officers, ministers, staff, employees and agents, and anyone else connected with said church and the Youth Action Council against any loss, expense or judgment said church or he/she may suffer or incur

