

Dear Youth Contact:

The Division of Youth and Young Adult Ministry invites each Parish and Catholic High School to appoint one junior and a **returning** senior to serve as a representative on the Archdiocesan Youth Advisory Council for a minimum of one year. We would like to invite you to choose a young person for the 2016-2017 term.

As a program of DYYAM, the Archdiocesan Youth Advisory Council seeks to fulfill the mission of the Division, which is, "to create, form, and develop missionary disciples among the young and young adult church and those who accompany them." As such, all efforts of the Archdiocese are geared towards serving the local parish, since it is, "the Church living in the midst of the homes of her sons and daughters." (Evangelii Gaudium, Pope Francis). In the same way that DYYAM serves the young church by providing training, formation and support to parish youth leadership, it takes up this call with the young church directly through AYAC. Members of AYAC are lay ministers leaders and deserve a strong and comprehensive development. With this calling in mind, AYAC develops the following focus:

- Connect them to Jesus Christ and envision their own discipleship through the lens of missionary discipleship to Him and in service to the local parish and diocesan Church
- Developing young leaders in the four areas of formation (Spiritual, Human, Intellectual, and Pastoral) provided by various professionals around the Archdiocese
- Sharing of resources and ideas from other parishes to bring back to their home parish

This year the AYAC will have eight meetings. **Meeting dates for the 2016 - 2017 year are on the following Sundays:** *October 16, November 13, January 22, February 12, March 12, April 2, May 7.* All meetings will be held at the Catholic Center, 320 Cathedral St., Baltimore.

Ideally, each parish would have a **returning** AYAC representative (usually a rising senior) and also an incoming junior. The incoming junior should be able to serve for two years. Returning seniors will be asked to be an AYAC mentor for incoming juniors.

No parish or school will be allowed to have more than two representatives nor will the parish or school be allowed to send two seniors or two juniors. If a parish/school does not have a returning senior then that parish/school should send a junior only. Questions about this can be sent to craig.gould@archbalt.org.

As a youth contact we strongly encourage you to maintain regular communication with your AYAC representatives. This helps keep the young person accountable to the parish/school and aids them in better serving the purpose of the AYAC.

Sincerely,

Craig Gould

Craig Gould

APPOINTING A YOUTH TO THE AYAC

Enclosed with this letter is an **AYAC APPOINTMENT FORM**. **This form must be completed and returned** to our office for any youth to become a member of the council. The **form must be signed** by the parish or school youth contact. Note that the form reminds the youth contact to do three things:

- ✓ explain the purpose and structure of the AYAC
- ✓ share the meeting dates and speak about their responsibility to attend all meetings
- ✓ give the parent permission form to the young person

Please help us keep track of membership by submitting an appointment form for youth who were on the council last school year and will return this September.

QUALIFICATIONS FOR AYAC MEMBERS

- AYAC members should be in their junior or senior year of high school. Exceptional sophomores should be cleared with Craig Gould
- AYAC members should be dependable, ready to attend all AYAC meetings.
- AYAC members should be capable speakers, organized, creative and cooperative when working with a team.
- AYAC members should have some Christian leadership skills and be able to create solutions to problems and challenges.
- AYAC members should witness gospel values in lifestyle and understand his or her role in modeling those values to peers.

Along with your Permission Form please include a check in the amount of \$12.00 made payable to the Division of Youth & Young Adult Ministry. The \$12.00 will cover the cost of the AYAC tee shirt that the council will design.

Thanks for all that you do for Catholic Youth Ministry and your support of the Archdiocesan Youth Advisory Council.

**2016 – 2017
AYAC APPOINTMENT FORM**

SPONSORING PARISH/CATHOLIC SCHOOL _____

AYAC REPRESENTATIVE _____

REPRESENTATIVES ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ **EMAIL:** _____

GRADE IN SEPTEMBER '16 _____ **GRADUATING YEAR** _____

TEE SHIRT SIZE: *Please circle one*

Small Medium Large XLarge XXLarge

[send a check in the amount of \$12.00 for your shirt to
DYYAM, 320 Cathedral Street, Baltimore, MD 21201]

- CHECK HERE IF THIS APPOINTMENT FORM IS FOR A YOUNG PERSON WHO WAS ON THE AYAC DURING THE 2015 – 2016 SCHOOL YEAR.**
- HAVE YOU SPOKEN TO YOUR AYAC REPRESENTATIVE, SHARING ALL THE MEETING DATES WITH HIM/HER?**
- HAVE YOU SPOKEN TO YOUR AYAC REPRESENTATIVE ABOUT REPRESENTING YOUR PARISH/SCHOOL AT THE COUNCIL MEETINGS TO THE END OF THE SCHOOL YEAR?**
- HAVE YOU GIVEN YOUR AYAC REPRESENTATIVE A COPY OF THE PARENT PERMISSION FORM? PLEASE SEND THE PERMISSION FORM TO DYYAM OR BRING IT TO THE FIRST AYAC MEETING IN OCTOBER.**

YOUTH CONTACT'S SIGNATURE _____ **Date** _____

sponsor

SPONSOR E-MAIL _____

***Please submit an appointment form and permission form
for both new and returning representatives.***

**Appointment forms must be received no later than October 7th.
Send forms to DYYAM, 320 Cathedral Street, Baltimore, MD 21201 or
via email at pashby@archbalt.org**

ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH & YOUNG ADULT MINISTRY
PERMISSION FORM AND RELEASE - AYAC

Name of Participating Child (Print) _____ Birth Date _____

Address _____

Work Phone: _____ Mobile Phone: _____

Home Phone: _____ Email address: _____

Youth's Facebook Name: _____ Male Female

Emergency Contact (name and telephone number): _____

As parent or guardian of my son/daughter, I do hereby agree to allow my son/daughter to participate in the following event (type of event/date/time).

AYAC – Archdiocesan Youth Advisory Council during the 2016-2017 school year

I acknowledge receipt of the attached information sheet describing the planned activity.

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY _____ [name of parish or school], the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) _____ from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

I am covered by hospitalization and medical insurance under: policy# _____

issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff/moderator member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Benadryl Diphenhydramine | <input type="checkbox"/> Advil/ Ibuprofen |
| <input type="checkbox"/> Imodium/ Antidiarrheal | <input type="checkbox"/> Neosporin/Antibody Ointment | <input type="checkbox"/> Pepto Bismol |

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

ADD any other medical information concerning medication, allergies, illness, etc.:

ADD any dietary restrictions:

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or digital recording taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Revised 9/15/2016