



How do YOU Live Out Loud? July 12-13, 2017

L.O.L, or Living Out Loud is an **overnight service lock-in for junior high students currently in grades 6 & 7**. It is an opportunity for you to learn what it means to live your life as Jesus calls you to—in the service of others. Its 24 hours of fun, service and learning all rolled up into one amazing experience!

What will you do? On *Wednesday* evening we will begin our time together getting to know each other as we head out into the neighborhood for a competitive food scavenger hunt for the local food pantry. When we return there will time for open gym and snacks before we come together for some activities to get us ready for the next day. Before bed we will move to church for our late night prayer session. Then it's lights out so we can be rested for the next day. Yes, we stay overnight! On *Thursday* you will be sent out in the community to help with various service opportunities. On your return to St. Petronille you have a chance to “chill” before dinner with some late afternoon discussion and activities to share what we learned and experienced. After dinner, we conclude our time together with an awesome celebration of prayer and sharing our experiences of faith in action with parents. We end approximately 7:30pm on Thursday.

Participation in this overnight service lock-in is limited to 40 students from Petronille Parish.

If you are interested in participating, *please complete the 2017 LOL Application* and submit payment in full by May 1. Your application will not be accepted unless **all forms** (youth and parent forms) are completed and payment is attached. Checks should be made payable to St. Petronille Parish. **No applications will be accepted after May 1. All participants (and a parent) are REQUIRED to attend the LOL Information Meeting.**

PARENTS, your help with this event is critical. Due to the nature of working with minors, transportation, and “sleeping over,” we are required by Diocesan Policy to have a youth/chaperone ratio of 5:1. We will need parents to drive & chaperone service sites, sleep over, and chaperone in the evening. Since this is a co-ed event it is also critical that we have male chaperones. Please check your calendars now and determine how you can serve the youth of our parish. **All parents are required to volunteer for this event.**

If you have any questions regarding this event, please contact Valerie Della Penna at 630-469-0404 x4113 or via email at dellapennav@stpetschurch.org

For office use only

Received on:

Check #:

LOL Applicant Information Form

July 12-13, 2017

Application Deadline: May 1, 2017

NO applications will be accepted after May 1, 2017

The following items **must be submitted together**, to the Middle School Ministry Office for your application to be considered complete.

- LOL Applicant Information Sheet (this page)
- LOL Applicant Questionnaire (must be completed by applicant **only**)
- LOL Permission Form (both signatures required)
- LOL Parent Volunteer Form (all parents are expected to volunteer in some capacity)
- \$40 check made payable to St. Petronille (write LOL in memo line)

Student Name: _____ **Grade for 2017-18 school year:** 7th 8th (circle)

Mailing Address: _____

Home Phone: _____ **Parent Cell** (mom or dad): _____
Circle one

Parent E-Mail (that is checked regularly): _____

Please check one below:

This is my first LOL! My t-shirt size is S M L XL (*adult sizes*)

Yes! I attended LOL last year and will plan to bring my LOL t-shirt to wear. ☺

Yes! I attended LOL last year, but I need a NEW LOL t-shirt this year S M L XL (*adult sizes*)

Living Out Loud Covenant

By completing this application, it signifies you understand that:

- Submission of this application packet by the deadline does not guarantee admission. Depending upon the number of applicants, you understand that an interview may be required. Final admission into LOL is at the discretion of the Director.
- Scheduling of service sites and transportation is extremely complicated and time consuming. If accepted you understand that you are not permitted to leave early from any Wednesday morning or afternoon service site unless it is a family emergency and only with the full knowledge and approval of the Director. You understand that choosing to leave early will result in the loss of your spot on the Living Out Loud roster and will also result in the forfeiture of your payment. All other late arrivals or early departures are permitted only with the approval of the Director of Middle School Ministry.
- Living Out Loud team members are called to a higher standard because of what and who they represent. Therefore, "I implore you to walk in a manner worthy of the calling of which you have been called," Ephesians 4:1.
- Participant and a parent are required to be in attendance at the LOL Information Meeting to be held at 7pm on June 27, 2017

Youth Signature

Date

Parent Signature

Date

LOL Applicant Questionnaire

Applicants are asked to answer the following questions:

1. Explain why you want to be a part of Living Out Loud.
2. As a member of the LOL Team, you will be expected to be a servant leader. Tell me about your desire to serve others and how you already practice being a servant leader.
3. List and explain three goals you would make for yourself before, during and after this experience.
4. Describe any medical condition or special needs that we should know about. (Food allergies, concerns, medications, sleep issues...) Please understand that the LOL Staff cannot accommodate special dietary needs.

L.O.L. ADULT VOLUNTEER FORM

In order to make this event a success, **parents are REQUIRED TO VOLUNTEER.**

Listed below are several areas where we will need adult participation. Please check off **at least two (2) volunteer options** where you can help. You will be notified in early June of assigned volunteer position. Thank you for your cooperation!

This form **MUST BE FILLED OUT AND SUBMITTED WITH** your child's application, to your youth minister by May 1. Volunteer assignments will be confirmed by June 27.

Parent Name: _____ Cell Phone # _____
(Please print clearly)

Parent e-mail: _____

 YES! I have attended Protecting God's Children

I would love to help in the following areas. *(Please check a minimum of two (2) options.)*

 I would love to attend the entire experience as an adult volunteer.
(Wednesday, July 12, 6:30pm until Thursday, July 13, 7:30pm)

 I am able to help with evening faith activities and stay overnight to chaperone our youth
(July 12 9:30 pm-July 13, morning) (**We really need male chaperones for the boys!**)

 I will be available **all day** (Thurs July 13, 8am -5pm) to drive a group and stay with them at their work sites. How many passengers besides yourself? _____ (*impt*)

 I will be able **in the morning** (Thurs July 13, 8am-1pm) to drive a group and stay with them at their work site. How many passengers besides yourself? _____ (*impt*)

 I will be able **in the afternoon** (Thurs July 13, 1-5pm) to drive a group and stay with them at a work site. How many passengers besides yourself? _____ (*impt*)

 I would be available to chaperone/drive for the scavenger hunt.
(Wed July 12, 6:30 pm-9:15pm) How many passengers besides yourself? _____ (*impt*)

 I can help set-up breakfast and clean-up afterwards (Thurs, July 13--6:45-8:30am)

 I can help with dinner (Thurs, July 13—5:15pm – 7pm)

 I can load my vehicle with collected donations and deliver to the Glen Ellyn Food Pantry.

 I can assist with snacks and gym supervision (Wed. July 12 8:15pm-10pm)



LIVING OUT LOUD PERMISSION and MEDICAL FORM

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in Living Out Loud, on July 12-13, 2017. I hereby release and indemnify my parish, St. Petronille, and Resurrection Parish, their staffs, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website and the St. Petronille website and/or social media.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the Living Out Loud event, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Allergic to medication/other? NO YES (circle one)
If YES, please describe:

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

If parent(s) can't be reached

In case of Emergency, contact: _____

Phone #'s: _____

Teen Signature: _____

Parent Signature: _____

____ Yes! I would like to help as a chaperone. Please contact me: _____

