

Dear Applicant,

You have been chosen to be a part of Cathedral's Student Leadership Team. This team involves high school seniors in serving, leading, and supporting their peers as they develop a deeper experience of God's love. This team may also involve ministering to junior high youth at Cathedral's Wednesday night EDGE Middle School youth program.

Through skits, talks, games, prayer, retreats, and personal example of Christian living, the peer ministry team will help foster in their fellow teens a life changing encounter with Jesus Christ.

Team members should: have a personal understanding of Christ and an openness to growing in faith, have a desire and willingness to share that understanding with others, be spiritually and emotionally healthy, be free of serious sin in their life, and be enrolled as a senior in high school.

Applicants need to know and understand that this commitment to the peer ministry team involves a serious commitment of time and energy. Consistent attendance, a commitment to daily prayer and the willingness to serve peers is essential. Team members are required to attend a beginning of the season retreat August 25<sup>th</sup>-27<sup>th</sup>, all team meetings, and weekly LIFE NIGHTS. All members must be in a Discipleship group or start in one when they begin serving on the team.

**Warning: your involvement in the Student Leadership Team could change your life!**

A member of the Student Leadership Team will experience hard work, the support and encouragement of a faith community, a sense of fulfillment and accomplishment, spiritual challenge and growth, the satisfaction of serving others, and will have lots of fun.

Please read the following procedures for applying for the team.

**Step 1:** Read the information and prayerfully consider your call to serve on the Student Leadership Team.

**Step 2:** Discuss this commitment with your parents. Have them fill out and sign the parental information/release form.

**Step 3:** Fill out the application form as completely as possible

**Step 4:** Ask 2 different adults who know you well and are not your parents to fill out an Adult Recommendation form.

**Step 5:** Return the completed forms by July 3, 2006.

**Step 6:** Once your Application packet is received, a personal interview will be scheduled.

May God bless you for stepping up to the challenge to be a leader, to serve others and to grow in faith!



Jacques Daniel  
Director of Youth Ministry

# Student Leadership Team Application

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
street city zip

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

**School:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**I would like to serve:** LIFE NIGHT (high school team) / EDGE (middle school team)

Please complete the following questions as completely and thoroughly as possible.  
Please type or print legibly.

1. Why do you want to be a part of the Peer Ministry Team?

2. Describe your relationship with God. Be honest.

3. Please list and briefly describe two strength or gifts you would bring to the team.

4. In what ways does your faith typically influence your daily life?

5. What activities do you plan on participating in during the next year?

6. Why do you feel that you will be able to participate fully as a member of the Student Leadership Team in addition to the activities previously listed?

Additional Comments:

Signature: \_\_\_\_\_

# Adult Recommendation Form

Name of Teen Applying: \_\_\_\_\_

The above teen is applying to be on the Cathedral Student Leadership Team for the 2006-2007 school year. The Student Leadership Team is an organized group of high-school seniors what are committed to share with peers their Catholic faith through their lifestyle, example, creativity, and words.

Because of the seriousness of this commitment, each applicant is considered carefully. Your honest response to the questions below would greatly help in our discernment process. Thank you for your cooperation.

You Name: \_\_\_\_\_

1. How long have you know the applicant and in what capacity?

2. Please comment on what you know of the applicant's relationship with God and/or Christian lifestyle.

3. What are some of the applicant's personal qualities, gifts, or skills that would serve other students and be of benefit to the rest of the team?

# Adult Recommendation Form

4. What is an area in which you feel the applicant is in need of further growth?

5. Please describe the applicant's relational skills, especially in regard to working in a team environment.

6. In your judgment, should the applicant be accepted to the Student Leadership Team?

Additional Comments:

Your Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

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6. In your judgment, should the applicant be accepted to the Student Leadership Team?

Additional Comments:

Your Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

# Parental Information / Release Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

We (I) give permission for our (my) child to attend and participate in the Student Leadership Team events sponsored by the Cathedral of Our Lady of Perpetual Help during the 2006-2007 school year.

In case of an accident, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We (I) will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to our (my) child pursuant to this authorization.

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_