

OLPS Teen A.C.T.S. Retreat

TEAM Application for Teens May 10 - 13, 2018

Please read carefully and fill out the attached application to serve on the Team for OLPS.

Key DATES: (it's time to get started)

Application Due Date:	Friday Jan 5th by 6:30 PM – NO EXCEPTIONS!!
Formation Nights:	Monday nights starting January 22 nd and ending Monday, May 7th
Mini-Retreat	To be Determined
Retreat Weekend:	Thursday, May 10 – 13, 2018

Submit Application by: (2 ways)

1. Turn in to OLPS office with atten Carrie Cabbage
2. Email back to cecnos1979@yahoo.com

Cost of Retreat: \$220.00 (make check payable to OLPS)

Note: Checks of those who are selected on Team will be due at our first meeting.

Can you say yes to the following? If so, fill out & submit the application.

- I attend Mass on Sundays.
- I am living the teachings of the Catholic Church.
- I am involved in service to my Church Parish, Youth Programs, or Life Teen Program.
- I have attended a Teen Acts Retreat.
- I am excited and ready for formation and planning of the OLPS Teen Acts Retreat.
- I can commit to the formation nights.
- I am ready to commit to being an active member of the Youth Ministry Program in my parish.

REMEMBER, SERVING ON A TEEN ACTS RETREAT TEAM IS A PRIVILEGE. BY SERVING, I AGREE TO COMMIT MYSELF TO A LIFESTYLE THAT WILL BE A MODEL TO MY PEERS. I UNDERSTAND THAT IF I CHOOSE TO FOLLOW A PATH NOT PLEASING TO GOD THAT I MAY BE REMOVED FROM THE TEAM DISERNMENT PROCESS.

Note to teens 18 years of age, you must complete the Diocesan *Safe and Sacred Environment Training Program* to be on the Team. See lcdiocese.org for training information.

OLPS Teen ACTS TEAM

Name _____ T-SHIRT SIZE _____

Address/City/Zip _____

Home phone _____ Teen's Cell _____

Teen's Email _____

DOB _____ Grade (Fall 2017) _____ School _____

I have served on previous Teen *ACTS Retreats*. Yes _____ No _____ (If so, how many?) _____

My Church Parish is _____

I attend Youth Programs at my church. Yes _____ No _____

Parent Information:

Father's name _____ Father's cell _____

Mother's name _____ Mother's cell _____

Parents' Email _____

Choose 3 Teams & 3 Ritual/Service Groups to join, ranking them with a 1st, 2nd, & 3rd choice.

Teams: _____ Adoration _____ Community _____ Theology _____ Service

Ritual/Service Groups: _____ Stations _____ Reconciliation _____ Foot Washing
(includes Turnaround)
_____ Agape _____ Music/Liturgy _____ Shepherds

Please answer the following questions.

Do you play a musical instrument including singing? If so, what? _____

Are you a Eucharistic Minister? _____

Are you a Lector? _____

Are you an alter server? _____

Have you attended CLI or some other leadership training? _____

I feel called to participate in Teen ACTS because (this is a written narrative):

(IF NEED MORE ROOM ATTACH ADDITIONAL PAGE)

IMPORTANT/PLEASE READ: By signing this form, I promise to be totally committed to this team by attending all meetings. If I see that I will miss more than two (2) meetings, I will step down and allow someone else to serve. I also attest that I am involved in my Parish by participating in my Parish Youth Ministry, Bible Studies, Eucharistic Minister, and/or Lector. I recognize that serving on a retreat team is a privilege, which allows me to share my faith with my peers

Teen Signature _____

Parent's Signature _____

Parents: Please confirm that your child will be able to commit to attending all meetings. If your child is placed on the Retreat Team there will be a \$220 retreat fee due at the first meeting plus the varying cost of t-shirts.