

Lutheran Youth Organization

Leadership Team 2011-2012 Application

Mission: To Network Youth and Youth Groups to Each other and the Larger Church.

2011-2012 Goals:

- 1) Create a leadership team of *about* 10 youth and 3 adults
- 2) Create an electronic newsletter for youth
- 3) Sponsor synod wide events including learning, service, and fellowship

Your Information

Name: _____ Grade (in 11-12 school year) _____

Congregation and City: _____

Home Address (include city and zip): _____

Email: _____

Home Phone: _____ Cell Phone _____ Facebook: YES NO

School District: _____ Birthdate: _____

Years of WIYLDE attended: _____

Other Leadership experiences (church, school, etc.): _____

Parent/Guardian Information

Name(s): _____

Home Address (include city and zip): _____

Email: _____ Work Phone: _____

Home Phone: _____ Cell Phone(s): _____

Health Information

Allergies: _____

Diet or exercise restrictions: _____

Medication (include dosage, frequency, and instructions): _____

One of the expectations of becoming a part of the LYO Leadership Team is involvement in the organizing retreat (August 20-21 at Clarion Inn, Cedar Falls). Are you available to attend this retreat? (circle one)

YES

MAYBE

NO

Adult Reference (pastor, youth worker, other congregational member)

Name: _____

Email: _____

Relationship: _____

Phone: _____

These applications are due by August 5th and applicants will be notified by August 10th. If you, your parents, or your adult reference are going to be away between these dates, please indicate that here, along with any contact information if you/they are available during this time:

Legal Stuff

RELEASE OF ALL CLAIMS

In consideration of being accepted by Synod, ELCA for participation in youth ministry events,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as part of an information database for the synod and ELCA related entities, and that photos/videos produced by the synod become property of the synod and can be used for ELCA related purposes and publicity including the Synod's web site.

Parent's/Guardian's signature: _____ Date: _____

Participant's signature (if over 18): _____ Date: _____

Return by August 5th to: Pr. Anderson, Northeastern Iowa Synod, PO Box 804, Waverly, IA 50677
or fax to 319-352-1416 or scan and email to andersonm@neiasynod.org

LYO Adult Reference Form

Applicant – Please give to your adult reference to fill out and return to Pastor Mark.

Your Name: _____ Applicant Name: _____

Home Address (include city and zip): _____

Email: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

How you know the LYO applicant: _____

What are two of the best qualities this applicant has?

What is one area that would be a growing edge for this person?

Would you recommend this applicant to serve on the LYO Leadership Team?

YES

NO

Why or why not?

Complete and return this form by August 5th to Mark Anderson , Assistant to the Bishop; PO Box 804 Waverly, Iowa 50677 or andersonm@neiasynod.org.

The applicant's entrance into the LYO Leadership Team cannot be considered until this form is completed and returned. Thank you!