

July, 2011

Dear Youth Contact:

The Division of Youth and Young Adult Ministry invites each parish and Catholic High School to appoint one junior or 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 2011-2012 term.

Each year the AYAC takes on several projects. For the 2011-2012 school year the AYAC will work on the National Catholic Youth Conference in Indianapolis, Catholic Lobby Night in Annapolis, the Archdiocesan Pilgrimage for Young Adults and Youth and other Archdiocesan programming. The council may also develop a special project to one of the five focus areas of the council's work which are: outreach to Catholic youth, faith development among young people, youth at-risk issues, justice education and service to the community.

This year the AYAC will have eight meetings. **Meeting dates for the 2011 - 2012 year are on the following Sundays:**

**September 25<sup>th</sup>**

**January 8<sup>th</sup>**

**April 22<sup>nd</sup>**

**October 30<sup>th</sup>**

**February 5<sup>th</sup>**

**May 6<sup>th</sup>**

**November 13<sup>th</sup>**

**March 4<sup>th</sup>**

The AYAC usually meets for 3 hours starting at 10 or 11 AM. Our first meeting will be on September 25<sup>th</sup>, at Mount de Sales Academy in the Bird Room, 700 Academy Road, beginning promptly at 10:00 am. until 2:00 pm. The first meeting will be a little longer.

New council members are expected to attend their first meeting, September 25<sup>th</sup>. Ideally, council members are incoming juniors and are able to serve for two years. Requests to have a second AYAC representative should be made via email to Susan Smith at [ssmith@archbalt.org](mailto:ssmith@archbalt.org).

The leadership team runs AYAC meetings, coordinates projects and represents the council at youth ministry events. It completes its term in January 2012, when a new leadership team will be selected.

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,



Margaret Brogden

## **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 the Margaret Brogden.
- AYAC members should be dependable, ready to attend all AYAC meetings and available to assist with council projects.
- 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.

## **MODERATORS**

Before closing, please join us in offering our thanks to Tim Janiszewski who has served as the AYAC moderator. He is just terrific.

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 themselves.

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

**ARCHDIOCESE OF BALTIMORE  
DIVISION OF YOUTH & YOUNG ADULT MINISTRY**

**PERMISSION FORM AND RELEASE - AYAC**

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent can be reached: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security Number of Young Person \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female (please circle)

**In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of \_\_\_\_\_ do hereby agree to allow my son/daughter, to participate in and attend the functions of the Archdiocesan Youth Advisory Council during the 2011-2012 school year.**

I/we acknowledge receipt of the accompanying information sheet listing the meeting dates.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a corporation sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

**I hereby grant permission to the Division of Youth & Young Adult Ministry Staff, Tim Janiszewski and designees 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.

(over)

I hereby grant permission to the staff of the Division of Youth & Young Adult Ministry, Tim Janiszewski and designees to provide the following over-the-counter drugs (or the equivalent) to my son/daughter if requested by my son/daughter (***Circle all that apply:***)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

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

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ADD any dietary restrictions: \_\_\_\_\_

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Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Child's Name

**2011 – 2012  
AYAC APPOINTMENT FORM**

PARISH/CATHOLIC SCHOOL \_\_\_\_\_

AYAC REPRESENTATIVE \_\_\_\_\_

REPRESENTATIVES ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE IN SEPTEMBER '11 \_\_\_\_\_ 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]

E-MAIL \_\_\_\_\_

- CHECK HERE IF THIS APPOINTMENT FORM IS FOR A YOUNG PERSON WHO WAS ON THE AYAC DURING THE 2010 - 2011 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 SEPTEMBER.**

YOUTH CONTACT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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

Appointment forms must be received no later than **September 9<sup>th</sup>**

Send forms to the Division of Youth and Young Adult Ministry,  
320 Cathedral Street, Baltimore, MD 21201