



Our Lady of Light Youth Ministry

2023-2024

Optional/Suggested Donations:

(checks payable to: Our Lady of Light)

\$ _____ Youth Ministry

\$50 Confirmation Fee

Total Donation Amount: \$ _____

YOUTH MINISTRY SCHEDULE

YOUTH MASS: Every Sunday 5:00pm (September - May)

Eucharistic Adoration with Praise & Worship (eXaLT): Typically first Thursday of each month, 7pm - 8pm

HIGH SCHOOL: **Sundays** - Mass 5:00PM - 6:00PM & Youth Group (HS Anchor): 6PM - 8PM

Thursdays - High School Leadership (LEAD) 7:30PM - 8:45PM

MIDDLE SCHOOL: **Thursdays** - Youth Group (MS Anchor) 6pm - 7:30pm

Youth Ministry Registration

Student Nick Name (Goes by): _____ **Student Legal Full Name:** _____

Student School: _____ **Student Grade:** ____ **Student Date of Birth:** _____ **Age:** ____

Student Email: _____ **Student Cell Phone #:** _____

Student Address: _____ **City:** _____ **Zip Code:** _____

Mother's / Guardian Name: _____ **Father's / Guardian Name:** _____

Mother's / Guardian Phone: _____ **Father's / Guardian Phone:** _____

Mother's / Guardian Email: _____ **Father's / Guardian Email:** _____

Speaks: English / Spanish **Method:** Phone | Text | Email **Speaks:** English / Spanish **Method:** Phone | Text | Email

OPTIONAL HIGH SCHOOL CONFIRMATION ADD-ON:

___ Student is registering for 1st year of Confirmation. ___ Student is a returning student for their 2nd year.

CONFIRMATION SCHEDULE: Sundays @ HS Anchor (Typically 1st Sunday of each month)

2023—2024 (Purpose)

Parent and Teen Meeting for New Students 6pm - 8pm: 8/13

Parent and Teen Meeting for Returning Students 6pm - 8pm: 8/20

Sacramental Prep Meetings 5pm - 8pm:

8/27 | 9/10 | 10/1 | 11/5 | 12/3 | 1/21 | 2/4 | 3/3 | 4/7 | 5/5 | 5/19

Note:

Attending Catholic High School does not satisfy Confirmation preparation requirements.

Confirmation (Purpose) Expectations:

- * Attend Sunday 5pm Mass weekly and attend eXalt (Youth Adoration) once a month
- * Two Years of High School Sacramental Prep, 12 classes per year.
- * Attend at least 1 camp, youth conference, or parish youth retreat per year (additional fees may apply)
- * Living Stations participation each year 2/18 | 2/25 | 3/7 | 3/8 (Presentation)
- * Attend 1 service (discipleship) project each year
- * Liturgical ministries participation, once a month
- * Complete Confirmation Journal

- DO NOT COMPLETE BELOW THIS POINT - OFFICE USE - DO NOT COMPLETE BELOW THIS POINT -

Saint Name: _____

Saint Presentation: _____

Pastor Letter: ___ **1st Year Retreat:** ___ **Journal:** _____

Sponsor: _____

Sponsor Form: _____ **Baptism Certificate:** _____

2nd Year Retreat: _____ **2nd Year Journal:** _____

Notes:

OUR LADY OF LIGHT YOUTH AND YOUNG ADULT MINISTRY

Our program utilizes the USCCB document "[Renewing the Vision](#)" as a framework for our Youth Ministry Programs.

Goals: First, empowering young people to live as disciples of Jesus Christ; second, drawing them into responsible participation in the Catholic Church; and third, fostering their personal and spiritual growth.

Themes: Developmentally appropriate, family friendly, intergenerational, multicultural, have community-wide collaboration, have strong leadership, and have flexible and adaptable programming for young people.

Components: Advocacy, Catechesis, Community life, Evangelization, Justice and Service, Leadership Development, Pastoral Care, and Prayer and Worship.

In celebration of being a parish served by the [Oblates of Saint Francis de Sales](#), the name "Anchor" was inspired by the words of Saint Francis de Sales:

"Have Jesus always for your patron, His cross for a mast on which you must spread your resolutions as a sail. Your anchor shall be a profound confidence in Him and you shall sail prosperously."

Safe Environment: As minors and vulnerable adults participate in activities within our program, it is our commitment to provide an environment which is safe and nurturing. [\[More\]](#)

Mass: The Eucharist is the Source and Summit of our faith and so, the center of our Youth Ministry program. We encourage families to attend Mass together each Sunday and if they are able to do so, we invite them to attend our Sunday, 5:00pm Mass which is geared towards youth and flows into our High School Youth Group called Anchor, right afterwards. Additionally, on the first Thursday of most Months we hold eXaLT from 7:00PM - 8:00PM which is **Eucharistic Adoration with Praise and Worship** geared towards High Schoolers and Young Adults. Confession is also offered.

Parent Ministry (Coming in 2024): Our Parent Ministry will consist of 3 components: Parent Retreat Team, Parent's Weekly Gathering Team, and the Kitchen Crew. If you feel called to coordinate this ministry or a component of the ministry, please contact us.

Young Adult Ministry: We currently outreach to Florida Gulf Coast University's [\(FGCU\) Catholic Student Organization](#). In partnership with them, programs are offered on the FGCU campus and at our parish grounds. We plan to grow our Young Adult Ministry programs in the near future and welcome input from others to do so. Additionally, we have a very active [Adult Faith Formation](#) program that we encourage young adults to participate in.

High School (HS Anchor): Our High School Youth Group called HS Anchor utilizes various resources but primarily the [LIFE TEEN](#) program. It all begins with Sunday Mass, and after the Sunday 5:00pm Mass, teens join us in our Parish Center for dinner, followed by an evening of programming. Typically, each month, the 1st Sunday is dedicated to Scripture, the 2nd Sunday is a Social, the 3rd Sunday is Prayer and Worship, and the 4th Sunday we discuss issues that today's

youth are facing. On Thursday nights, from 7:30pm to 9:00pm, teens who want to lead and dive deeper in their faith attend our leadership component "[Dead Theologians Society](#)" (DTS). Many of these teens come earlier in the evening to do homework together or help out at the MS Anchor which takes place from 6:00pm to 7:30pm prior to their meeting. Practicing adult Catholics of our parish, supported by Student Missionaries from [Florida Gulf Coast University \(FGCU\)](#) and [Ave Maria University \(AMU\)](#), facilitate the evenings.

Middle School (MS Anchor): Our Middle School Youth Group, also called MS Anchor, utilizes various resources but primarily utilizes the Middle School version of LIFE TEEN called "EDGE". During the three years that a middle school youth attends Edge Nights he/she will gain a great foundation of the faith through six semesters: Scripture, Creed, Church, Sacraments, Prayer, and Social Justice. We meet on most Thursdays from 6:00pm to 7:30pm. Parents serve as Core Members and assist the Youth Minister in providing evening programming.

Confirmation:

The [Diocese of Venice](#) has a religious education program which emphasizes the importance of the Sacrament of Confirmation with a *two-year program* beginning no sooner than 9th grade. The young women and men go through a process where they complete one phase of their faith journey and prepare to begin the next phase as full Christians who are called to be more and reflect the love and goodness Christ in their heart and soul.

At Our Lady of Light, High School students who would like to receive the Sacrament of Confirmation may do so through our High School Anchor Program (See above). *Sacramental prep (Purpose) takes place at HS Anchor, typically on the first Sunday of every month.*

Volunteer: We are honored to provide "workers" an opportunity to enter the "vineyard" and answer their baptismal call to serve. Regardless, rather you are wise or young, if you have a love for Christ, His Church, and young people we would love for you to serve alongside of us. After you have met our safe environment requirements, we will provide training, and get you plugged in. See below for opportunities:

- **Parent Ministry:** ([see above](#))
- **Worship Team:** Adult and Youth musicians and vocalists are always encouraged to contact us to see if we can match your talent with our current needs.
- **MS Anchor:** Volunteers (AKA Core Members) primarily consist of the parents of those youth that are current members of our program. They are supported by Student Missionaries and High Schoolers from our DTS Leadership Team.
- **HS Anchor:** At HS Anchor, Volunteers (Core Members) consist of practicing Catholics who can model the faith to your young people. The commitment includes about 10 hours per week that consists of attending the Sunday 5pm Mass, planning/attending parish youth ministry events, attending off campus sports, and school events. The HS Core are supported by Student Missionaries.
- **Confirmation:** Catechists are needed to journey with our high school towards the Sacrament of Confirmation. If you love to teach and love working with young people, this may be a great opportunity for you.



DIOCESE OF VENICE IN FLORIDA

**CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM
FOR TRIPS, PROGRAMS AND EVENTS**

NAME OF PARTICIPANT(S)* _____ DOB: _____
**See attached list for all family members attending*

ADDRESS _____ PHONE: _____

ALTERNATE PHONE: _____ E-MAIL _____

SCHOOL/PARISH/DIOCESAN ENTITY _____

NAME OF TRIP, EVENT OR PROGRAM _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in this particular event and/or the various field trips and other on and off site activities of the above school/parish/diocesan entity programs throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, if applicable, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish/diocesan entity to permit my/minor's participation, and intending to be legally bound, I, individually and on behalf of my youth, do hereby:

1. Release, discharge and covenant not to sue the Diocese of Venice in Florida and the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocesan Entity; and their employees, clergy, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury or loss to the person or property of minor child or adult in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to adult or minor's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish/Diocesan entity/Diocese of Venice officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program/Diocesan entity/Diocese of Venice may also plan to be present at such events.
5. I understand that the school/parish/Diocesan entity youth programs may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious

injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury.

6. I understand and assume the risks inherent with any extended event, which may involve certain risks beyond the reasonable control of the Parish/school/Diocesan entity and the Diocese of Venice, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the staff of the independent entity at the location of the event (not Parish or School staff). The Parish/school/Diocese or Diocesan entity disclaim any and all responsibility for any such risks by such independent vendors.
7. I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this program/event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such a program/event.
8. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish/Diocesan entity in the event emergency medical care is required. I understand that the school/parish/Diocesan entity/Diocese of Venice provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Adult Participant Signature: _____ Date: _____

Parent/Guardian of a Minor Signature _____ Date: _____

*Additional family members participating:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



DIOCESE OF VENICE IN FLORIDA

**AUTHORIZATION FOR RELEASE AND USE OF IMAGE
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Adult Participant or Parent/Guardian Signature

Date

Address

Phone Number



DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date: