

Veritas XXII 2012 Staff Application B: *This form is for those who have served a total of 2 years, not including this year.*

Return by January 20, 2012, PLEASE!

Year of Initial Diocesan Safety Training: _____ **DIOCESAN SAFETY TRAINING INFORMATION**

Initial Safety Training Location: Church Parish/School _____ City _____

INITIAL TRAINING will be provided by the Cathedral of St John at the Staff Training Day in the Cathedral Center at 8:00AM. Initial Training cannot be done online.

ANNUAL FOLLOW-UP TRAINING - No follow-up training provided at Veritas Staff Training Day because it can now be done online at www.virtus.org. You must first establish an account with www.virtus.org. You will be asked to give a "church parish" and should put the name of the church parish WHERE YOU CURRENTLY VOLUNTEER to work with minors. You may put the Cathedral of St. John if you are not volunteering anywhere on a regular basis.

Was your annual follow up training done online at www.virtus.org? YES - NO

If YES, give date _____ Name of church parish for your VIRTUS.ORG acct _____

If NO, where did you do Follow-Up Training? Date _____ Location _____ City _____

YOUR SAFETY TRAINING WILL BE CHECKED BY THE DIOCESE TO CONFIRM THAT YOU ARE CURRENT.

NAME: (Last) _____ (First) _____ (MI) _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: (Cell) _____ (Home) _____ (Work) _____ (other) _____

Email Address: _____ Birthdate _____ Age _____

Church Parish _____ City _____

Years served on Veritas Staff: _____ Shirt Size (Adult): S - M - L - XL - XXL

CONTROVERSIAL ISSUES

Your opinion is required on the following controversial issues. Please do not give "one word" answers. Explain your answer.

1) In Vitro Fertilization:

2) Celibacy regarding Priests and/or Nuns:

3) Are you registered to vote? Do you feel a moral obligation to vote? Explain why or why not.

4) If "push came to shove", do you think that you could die in defense of your Catholic faith?

Name _____

5) Obedience as a personal virtue?

6) Please share your talents and special gifts.

7) Are you a: _____ Nat'l Certified Youth Minister _____ Youth Minister _____ Core Team Member?

If, YES, what church parish and city: _____

8) Are you a member of a Prayer Group? _____ YES _____ NO

If YES, please answer the following:

Name of Prayer Group _____

Date you started? _____ Meet how often? _____

How often do you attend? _____ Name of group leader? _____

IMPORTANT DATES AND TIMES (Please provide information below.)

1) **YES - NO** I will be attending the Veritas Staff Training Day – Cathedral Center @ St. John Cathedral in Lafayette, LA. On Feb. 25th (8:00AM to 3:30PM). Mass to follow in the Cathedral for 4PM. We will attend as a staff with reserved seating provided. It is most important that you make every effort to attend this training retreat. The retreat plan will be introduced and you will be assigned staff positions & meet with your teams to learn more about your duties.

2) Veritas XXIII Retreat Set-Up Thursday, March 15th - Camp Woodman in Abbeville:
YES - NO If YES, what time can you be there? _____ We will be there at 9AM. Plan to sleep over.

3) VERITAS XXIII 2011 – Expected staff time of arrival is at 2:00PM – Camp Woodman in Abbeville.

THIS APPLICATION MUST BE RETURNED BY U.S. MAIL - NOT EMAIL or FAX.

Please **return by January 15, 2012**

**Mail to: Jennifer Hardey, Veritas Staff Coordinator
1A Eureka Plantation Rd
Lafayette, LA 70501**

(For more information regarding Staff Requirements, contact Jennifer Hardey (337-654-7527) or email: jenniferhardey@gmail.com)

May God reward you!
Your servant, Ms. Laura Launey LaHaye, VERITAS Retreat Coordinator

Name (L) _____	(F) First _____	(MI) _____
Date of Birth _____	Age _____	Sex: M - F

ADULT INFORMED CONSENTS/WAIVERS – Diocese of Lafayette, LA

1. VERITAS XXIII 2012 Adult Informed Consent for Medical Treatment

In the event that I, _____ should require emergency medical treatment,
 (Print your full legal name)

I consent to and authorize a Veritas retreat staff member to transport or have me transported by medical transport to a licensed physician and/or hospital. I further consent to any emergency medical treatment deemed necessary for me by a licensed physician. I further authorize the release of any medical information to and from any medical facility and/or my insurance company that would be necessary for treatment. I assume the responsibility for any and all financial expenses for my medical treatment provided by the treating hospital, physician and/or medical transport services. Furthermore, I hereby release the Veritas Retreat Team, its associates, and the Cathedral of St. John the Evangelist and the Roman Catholic Diocese of Lafayette, Louisiana from any liabilities for injuries and/or illnesses, loss or damages arising as a result of voluntary participation on this retreat.

My signature below validates that I have read or have had read to me all of the above information and that I fully understand and agree with all that this information contains. I am aware that if I have any questions pertaining to this consent that I can contact the Veritas Retreat Representative by calling the Cathedral of St. John the Evangelist at 337-232-1322.

2. VERITAS XXIII 2012 Adult Photography/Video/Audio – Informed Consent and Agreement of Terms

I am fully aware that the Veritas Retreat will be filmed, photographed & audio recorded. In an effort to safeguard the identity of the participants, in particular the minor aged children, all images, photographs & audio taping taken by the assigned Veritas Staff members are the full ownership, including copyrights, of the Veritas Retreat Program of the Cathedral of St. John the Evangelist and must be turned over to the Veritas Retreat Program Coordinator on the last day of the annual retreat.

I give my permission to include me in video and audio photography and recordings taken during the Veritas Retreat Staff Training Day on Feb. 25, 2012. I am further aware that any images and recordings of myself in video and audio photography and recordings taken both Feb. 25, 2012 and March 15-18, 2012 while participating in the Veritas XXIII Retreat Program, may be used for fund raising support and/or promotion of the Veritas Retreat Program and/or Youth Ministry Program of the Cathedral of St. John the Evangelist of Lafayette, Louisiana.

3. VERITAS XXII 2012 Adult Field Trip Liability Waiver

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Cathedral of St. John the Evangelist and Diocese of Lafayette, Louisiana, its officers, directors, agents, employees, or representatives associated with the Veritas 2012 Retreat from any and all liability claims, loss or damage arising from or in connection with my participation in the Veritas 2012 Retreat.

My signature below validates that I have read or have had read to me all of the above information and that I fully understand, agree and consent to and with all that this information contains. I am aware that if I have any questions pertaining to the information provided on this form that I can contact the Veritas Retreat Representative by calling the Cathedral of St. John the Evangelist at 337-232-1322.

This consent is binding on February 25, 2012 AND again from March 15, 2012 through March 18, 2012.

Signature of Participant	Date	Adult Witness	Date
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VERITAS ADULT STAFF MEDICAL HISTORY FORM

Last Name _____ First _____

Date of Birth _____ Age _____ Gender: Male - Female

Physical Address _____ City/State _____ Zip _____

Phone (home) _____ (cell) _____ (other) _____

Emergency Contact: _____ How related? _____

Phone: _____

A. Medical History : (Please fill in all blanks by stating "None" or otherwise providing information.)

Drug/Food/Other Allergies: _____

Medical Conditions (epilepsy, diabetes, etc.) _____

Current Medical Problems _____

Name of physician _____ **Phone** _____

Current Medications now taking:

Name of Medication	Instructions for use	Taken For
Ex. Claritin	Once daily	Allergies

B. Specific Required Medical Information:

1) Immunizations: Date of last Tetanus/diphtheria immunization _____ Meningitis Vaccine _____

2) Does you have a medically prescribed diet? If yes, please explain. YES NO

3) Describe any physical limitations, if applicable. ___ Non Applicable ___ Yes,

C. Did you provide more info on back of page? YES NO

D. STATEMENT - I have provided the above information truly and to the best of my knowledge.

Adult's Signature

Date