

Division of Youth Weekends

Application for Staff, ages 21 and under

You must be at least a rising 10th grader to staff a Junior High DOY Weekend. We must have your completed application in the diocesan office by September 28, 2007.

Staff members must be present for the entire Junior High DOY Weekend (November 2-4, 2007). To help keep the cost of DOY weekends low, staff members must pay a fee of \$20, payable at registration. If you have any questions, please contact the Rev. Patrick Sanders, DOY Co-coordinator, at (662) 334-4582 or patrick@stjamesgreenville.com

Please mail your application to: DOY Staff, P.O. Box 23107, Jackson, MS 39225

Name: _____ Name Called By: _____

Address: _____ City, State, Zip: _____

Email (*please print very clearly*): _____

Home Phone: _____ Birthdate: _____ Age: _____

Home Church: _____ City: _____ Priest: _____

Parent's Name: _____ Parent's Email: _____

Grade/Year in College Just Completed: _____

If in college, name of college attending: _____

If employed, place of employment: _____

Have you attended a DOY Weekend (circle one)? Y N List years: _____

Have you staffed a DOY Weekend (circle one)? Y N List years: _____

Please answer the following questions in the space provided.

How are you active in your church and/or in diocesan activities?

Why do you wish to serve as a staff member for a DOY Weekend?

*******The Health Certificate on the back of this form MUST be completed for applicants to be considered for DOY staff.*******

HEALTH CERTIFICATE

All ages must complete the following information. If you are a high school student (ages 18 or under), your parents must sign the health certificate where indicated.

Have you had permanent immunization against tetanus (circle one)? Yes___ No___ Date of last booster: _____

Do you have any allergies, including but not limited to: medicines, food, insect bites or stings? Yes___ No___
If yes, please list type of allergy, reaction, and treatment required: _____

Do you require any regular or occasional medicines? Yes___ No___
If yes, please list medications with instructions and be prepared to hand them over to the medical staff at registration: _____

Is there any other information of a medical nature of which the DOY coordinator and medical staff should be aware (asthma, epilepsy, etc.)? _____

Parent or person(s) to notify in case of emergency: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In case of emergency, I give my permission to the physician selected by the DOY coordinators and/or medical staff to hospitalize and/or secure proper treatment for my child as deemed necessary.

Applicant's Signature

Date

If applicant is in high school (18 or under), parent MUST sign also.

Parent's or Guardian's Name (please print)

Parent's or Guardian's Signature

Insurance Carrier and Policy Number: _____

****Please attach a front and back copy of your insurance card.****