



Mail/return to:

**Diocese of Little Rock
Vocations Office
2500 N. Tyler St.
P.O. Box 7565
Little Rock, AR 72217**

**(501) 664-0340
Fax (501) 664-0119
Web site: www.dolr.org**

DIRECTIONS

**2500 N. Tyler St.
Little Rock, AR 72207**

From I-40 West:

- Head West on I-40
- Bear left to I-30 Little Rock
- Exit right on Cantrell
- Continue West on Cantrell to Kavanaugh
- Turn right onto Kavanaugh
- Turn right onto Tyler

From I-40 East:

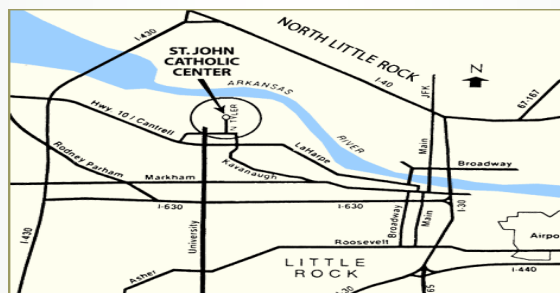
- Head East on I-40
- Bear right to I-430 to Little Rock/Texarkana
- Exit right on Cantrell/Hwy-10
- Continue East on Cantrell to Tyler
- Turn left onto Tyler

From I-30 North:

- Head North on I-30
- Bear right to I-430 to Little Rock
- Exit right on Cantrell/Hwy-10
- Continue East on Cantrell to Tyler
- Turn left onto Tyler

Tyler Street leads directly to the front gates of

St. John Catholic Center



WHAT IS YOUR VOCATION?



“COME AND SEE”

DIOCESAN PRIESTHOOD DISCERNMENT RETREAT

**This retreat is sponsored by the
Vocation's Office and Seminarians of the
Diocese of Little Rock.**

**If you have questions or want additional
information, please contact us at:**

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2500 N. Tyler St./ P.O. Box
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**JANUARY 2-3, 2016
ST. JOHN CATHOLIC CENTER**

Come and See

Come and join us for the “Come and See” Diocesan Priesthood Discernment Retreat led by the seminarians of the Diocese of Little Rock. The Discernment Retreat is an opportunity for prayer, fellowship, and spiritual growth. This retreat is open to men ages 16 and older.

Deadline to register is December 26, 2015.



To register, please complete the form, fax, email or contact us by calling the Vocation's Office at (501) 664-0340 Ext. 337. Transportation can be arranged for you if needed.

Accommodations will be arranged for you at St. John Catholic Center. However, please be sure to bring your own personal items including: toiletries, such as toothbrush, shampoo, deodorant and etc. This is casual attire; however, khaki pants, collared/polo shirt and dress shoes would be appropriate for Mass.

Meals will be provided beginning with lunch on Saturday, January 2 through lunch on Sunday, January 3rd. Snacks will also be provided.

The retreat is rooted in prayer and consists of talks, discussion panels, vocational videos, and personal testimonies by priests and seminarians. The goal is to provide the participant with an opportunity to explore more deeply a possible calling to the diocesan priesthood. Join us as we address the following topics:

- ◆ The Call
- ◆ The Life of a Seminarian
- ◆ How to Hear God's Voice
- ◆ The Response to the Call
- ◆ A Vocation to the Religious Life

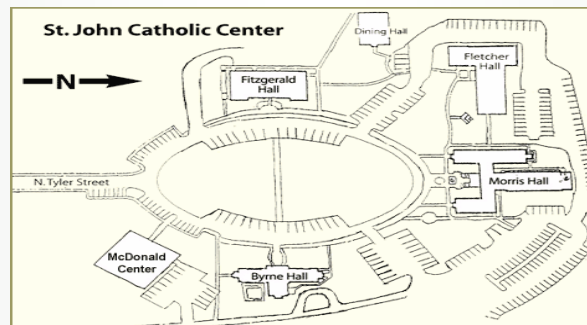


IMPORTANT: Items to bring with you on the day of the retreat include the following:

- Parental Consent/Liability Waiver Form - signed
- Medical Consent Form – signed
- Code of Behavior Form-signed
- Toiletries- (toothbrush, shampoo, deodorant, and etc.)

Time/Date: Registration in Fletcher Hall beginning Begins: 11:00 a.m. on Saturday, January 2nd
Ends: 1:00 p.m. on Sunday, January 3rd.

Place: St. John Catholic Center, 2500 N. Tyler St. , Little Rock, AR.



If you are interested, please fill out the below form and send it back to us no later than December 26, 2015 by mail, fax or email mizquierdo@dolr.org

Sign up for: “Come and See” Diocesan Priesthood

Discernment Retreat Price: FREE

Little Rock, AR 72207

FIRST NAME MI LAST NAME

AGE / GRADE

ADDRESS

CITY, STATE , ZIP

EMAIL

PARISH

HOME PHONE NUMBER

CELL PHONE NUMBER

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Diocese of Little Rock / Vocations Office

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(____) _____

Alternate Phone Number: (____) _____ ☐ Cell Phone ☐ Pager ☐ Work

Parish: _____ Grade _____ Age _____ Sex: _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) _____, grant permission
for my child, (participant's name) _____, to participate in
the **Come and See Diocesan Discernment Retreat**, to be held on January 2-3, 2016 at
St. John's Catholic Center, 2500 N. Tyler, Little Rock, AR 72207.

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____.
My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of
Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives
associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian)

Date

Signature
(Participant 18 years of age or older must sign own consent)

Date

Office of Vocations

Code of Behavior

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character, which has for so many years been the trademark of Office of Vocations within this diocese.

CODE OF BEHAVIOR:

1. Participants are expected to attend all sessions of this activity. Name badges must be worn at all times.
2. Dress code: casual - no inappropriate t-shirts. No underwear showing from jeans/pants being worn too low.. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the activity site unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature, which would offend any person, is unacceptable.

Infractions of these rules will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the activity. One 's parent/guardian is responsible for removing participant from the event site.

I understand and accept this code of behavior.

(Participant's signature)

(Date)

I consent to the conditions stated above on participation in this event.

(Parent/Guardian's signature)

(Date)

Phone number (Day) _____ (Night) _____

Cell Phone Number: _____

Contact person if parent/guardian are unavailable

(Phone #)

MEDICAL CONSENT

Medical Matters

I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

Emergency Medical Treatment

In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage: _____

Manner of Administration: _____

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription, to be administered to my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: _____

Has had an episode of the following or has been diagnosed ☐ Seizures ☐ Asthma ☐ Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months: ☐ Yes ☐ No Still under Doctor's care? Yes ☐ No

Has a medically prescribed diet: _____

The following physical limitations: _____

Immunizations current and up to date: ☐ Yes ☐ No Date of last tetanus/diphtheria immunization _____

You should be aware of these special medical conditions of my child: _____

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

☐ No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age

Date

Signature (Participant 18 years of age or older must sign own consent)

Date