



Diocese of Little Rock  
Catholic Youth Ministry  
Catholic Campus Ministry

2500 North Tyler Street • P.O. Box 7565 • Little Rock, Arkansas 72217  
(501) 664-0340

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January 22, 2021

To Youth Advisory Council Applicants:

Please be sure to read the instructions on the application thoroughly before you fill out the forms. Remember that your personal application and your recommendations are the only means by which our review committee will know you. **All forms are due by Wednesday, March 17<sup>th</sup>.**

Therefore, please answer the questions thoughtfully and be sure to visit with the adults you have asked to provide a reference for you to explain to them why you are interested in serving on YAC. This will assist those adults to better answer the questions that we ask of them in filling out your recommendation. **All forms are due by Wednesday, March 17<sup>th</sup> (yes, we repeated ourselves on purpose).**

Serving on YAC involves travel to Little Rock at least once each month. Our meetings are generally held on Sundays from 11:00am – 3:00pm. We meet at St. John's Catholic Center in Little Rock. Members of YAC are responsible for preparing prayer services, skits, and producing videos to help promote our diocesan programming. If you have any particular skills in these areas, you should include this information on your application.

YAC members are required to attend all our diocesan events. They also are expected to continue their leadership roles in their youth groups at their own parishes. YAC is not a youth group, it is a leadership group. One of the main responsibilities for YAC members is to serve as "ambassadors" for our diocese to their own youth programs. We also think it is very important for YAC members to attend a Search retreat as soon as possible after they begin their term on YAC.

**All applicants must be available for a personal interview. We will let you know if these will be via Zoom or in person and will take place on Sunday, April 11<sup>th</sup> beginning at 10:00am. If you are selected for an interview, you will be notified with further details. It is also desirable that, if discerned, you be available to attend our "United through Faith" outdoor youth rally on Sunday, June 6, 2021. You will be introduced at that time as well as installed as part of our 2021/2022 leadership team.** If you have questions, feel free to contact Liz at [ltingquist@dolr.org](mailto:ltingquist@dolr.org) or Trish at [tgency@dolr.org](mailto:tgency@dolr.org). We look forward to reviewing your application.

Peace,

Liz Tingquist  
Trish Gentry  
Office of Catholic Youth and Campus Ministry

**APPLICATION FORM FOR DIOCESAN YOUTH & ADULT ADVISORY COUNCILS**

**ATTACH  
A  
CURRENT  
PHOTOGRAPH  
HERE!**

Applications without  
photographs  
will not be considered.

**DIRECTIONS**

1. Applicants must fill out Form YAC-1 and submit a photograph with application.
2. Parent / guardian must submit Form YAC-2.
3. Pastor must submit Form YAC-3.
4. One adult parish leader must submit Form YAC-4.
5. One other adult must submit Form YAC-4.

**Return by Wednesday, March 17<sup>th</sup> to:**

**Youth Director**

**P.O.Box 7565**

**Little Rock, AR 72217-7565**

*Incomplete applications will not be considered.*

Applicant's current grade level \_\_\_\_\_ Applicant's Diocesan Deanery \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Parish applicant attends: \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Applicant's Cell Phone (\_\_\_\_) \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Street Address City Zip Code

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home/Cell Phone# (\_\_\_\_) \_\_\_\_\_

# of years applicant involved in youth ministry: \_\_\_\_\_

Describe church related activities you are involved in and how you are using your God given gifts/talents in these:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other organizations are you active in?

\_\_\_\_\_  
\_\_\_\_\_

How do you practice your faith in your daily life? Be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you have to offer to this council?

\_\_\_\_\_  
\_\_\_\_\_

I have read Policy Forms 4 and 5; and I understand the necessary time and travel commitments.

Applicant's signature \_\_\_\_\_

FORM -- YAC-1

*1 of 4 Forms that must be submitted for a complete application.*

**YOUTH ADVISORY COUNCIL  
PARENT (GUARDIAN) Form**

**Applicant's Name:** \_\_\_\_\_ **Parish** \_\_\_\_\_

Directions  
Parent(s) / Guardian(s) should fill out and **return this form by Wednesday, March 17<sup>th</sup>** directly to:  
  
Youth Director  
P.O. Box 7565  
Little Rock, AR 72217-7565

Youth Ministry in the Diocese of Little Rock seeks to draw young people to responsible participation in the life, mission and work of the faith community. Appointed by the Bishop, the Youth & Adult Advisory Councils assist the Director of Youth Ministry and have the purpose and duty of reviewing and advising on all matters pertaining to the needs of youth in grades 7 - 12 and their adult ministers for the Diocese of Little Rock.

**The goals of the councils are to:**

- ❖ further Christian growth through a balanced program centered on the seven components of youth ministry
- ❖ function as a community of prayer
- ❖ support youth ministry efforts within the Diocese
- ❖ make the needs of the youth known
- ❖ promote youth participation on the parish level
- ❖ give advice to the Director of Youth Ministry
- ❖ plan and promote youth participation on the Diocesan level

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**Qualifications:**

- ◆ A youth member must be a Catholic teenager in the **11<sup>th</sup> or 12<sup>th</sup>** grade during the term of service.
- ◆ He/She **MUST** be active in his/her parish youth program and exemplify in his/her lifestyle what it means to be a follower of Jesus Christ.

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**Term of service:**

Youth - 1 year and may be renewed yearly.

**Expectations:**

Members are expected to attend all meetings and Diocesan youth events (approximately 12 per year)

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**Parent/Guardian Pledge**

I understand the importance of my child's involvement as a member of the Diocesan Youth Advisory Council and I will support him/her in this endeavor. Furthermore, I understand that it is my responsibility to make travel arrangements for my child to and from meetings.

I plan to assist and/or support my child in completing his/her term on the Youth Advisory Council by: \_\_\_\_\_

An example of my child's leadership ability is: \_\_\_\_\_

**Parent(s) / Guardian(s) Signature** \_\_\_\_\_

**Parent(s) / Guardian(s) Name (please print)** \_\_\_\_\_

**PASTOR'S FORM**  
**Youth & Adult Advisory Committee**

Applicant's Name: \_\_\_\_\_ Parish \_\_\_\_\_

**Pastor should fill out and return this form by **Wednesday, March 17<sup>th</sup>** directly to:**

**Office of Youth Ministry**  
**P.O. Box 7565**  
**Little Rock, AR 72217-7565**

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**The goals of the councils are to:**

- ◆ Further Christian growth through a balanced program centered on the 7 components of youth ministry.
- ◆ Functions as a community of prayer.
- ◆ Support youth ministry efforts within the Diocese.
- ◆ Give advice to the Director of Youth Ministry.
- ◆ Plan and/or promote youth participation on the Diocesan level.
- ◆ Promote youth participation on the parish level.
- ◆ Make the needs of the youth known.

**Qualifications:**

- ◆ A youth member must be a Catholic teenager in the 11th or 12th grade during term of service.
- ◆ He/she must be active in his/her parish youth program and exemplify in his/her lifestyle what it means to be a follower of Jesus Christ.
- ◆ An Adult member must be a Catholic adult involved in the life of their parish and in particular, the youth life of the parish.

**Term of Service:**

**Youth:** 1 year and may be renewed yearly.                      **Adult:** 2 years and may be renewed.

**Expectations:**

Members are expected to attend all meetings and Diocesan youth events (approximately 12 per year).

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**Please indicate why you would or would not recommend this applicant.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Pastor, Associate Pastor or Pastoral Administrator's Signature*

**PARISH YOUTH DIRECTOR  
REFERENCE FOR YOUTH ADVISORY COUNCIL**

Name of Applicant: \_\_\_\_\_

**Directions**

Please give one copy of this form to your Youth Director/Leader (not pastor) and an additional copy to one other adult who can attest to your qualities and ask them to fill out and return this form.

**Adult:** you are being asked to evaluate this applicant's suitability for participation. Your honest and candid response will be greatly appreciated and treated confidentially. When you have completed both sides of this form please return the completed form directly to:

**Office of Youth Ministry  
P.O. Box 7565  
Little Rock, AR 72217-7565  
FAX: (501) 664-0119**

*The above named person is applying to become a member of the Youth Advisory Council for the Office of Youth Ministry for the Diocese of Little Rock. Those on the advisory councils commit to living as Christian role models.*

**The goals of the councils are to:**

- ❖ further Christian growth through a balanced program centered on the seven components of youth ministry
- ❖ function as a community of prayer and support youth ministry efforts within the Diocese
- ❖ give advice to the Director of Youth Ministry
- ❖ plan and/or promote youth participation on the Diocesan level
- ❖ promote youth participation on the parish level
- ❖ make the needs of the youth known

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**Please reflect upon the following qualities of this candidate and use *specific* examples while you complete this form:**

Emotional / physical health  
Enthusiasm  
Cooperation  
Dependability

Punctuality  
Maturity  
Compassion  
Ability to share feelings

Ability to manage stress  
Rapport with teens and adults  
Listening skills  
Time management

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***Please describe the level of involvement and leadership ability of this applicant in your parish's youth program:***

\_\_\_\_\_

***How does this applicant practice and/or live his/her faith?*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Applicant's gifts/talents and how he/she uses these gifts/talents:* \_\_\_\_\_

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*Give at least one of the applicant's shortcomings:* \_\_\_\_\_

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*Please share any additional information or insights, which you feel, may be relevant:* \_\_\_\_\_

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Do you feel like the applicant is aware of the amount of time and level of commitment required to serve on the Youth Advisory Council? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_

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**PLEASE PRINT:**

Name: \_\_\_\_\_

Parish: \_\_\_\_\_

Parish Location: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parish Youth Director/Leader

*After completing both pages of this form do not return it to the applicant,*

*Please return form to:*

**Office of Youth Ministry**

**Diocese of Little Rock**

**P.O. Box 7565, Little Rock, AR 72217-7565**

**Fax: (501) 664-0119**

**RETURN FORM BY WEDNESDAY, MARCH 17<sup>TH</sup>**

*4 of 4 Forms that must be submitted for a complete application*