



# Capuchin Franciscan Youth & Family Ministries

P.O. Box 192 – 781 Route 9D – Garrison, NY 10524

Phone: 845-424-3609 – Fax: 845-424-4403 – E-mail: CYFM@cyfm.org

Web-site: www.CYFM.org

## DDA Leadership Training Program – APPLICATION

Please Print Clearly. Incomplete or illegible applications cannot be processed.

Leadership Date: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Initial Last Name Tag Name

Address: \_\_\_\_\_  
Number & Street City/Town State Zip

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Parish: \_\_\_\_\_  
(Area Code) Number Please print Clearly

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Parent's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parish Youth Ministry Program you attend? \_\_\_\_\_

Original DDA weekend number or date? \_\_\_\_\_

***On the back of this sheet, please write a paragraph explaining why you wish to become a leader.***

Do you have any illness? (e.g. diabetes, asthma, etc.)  Yes  No

If Yes, nature of illness: \_\_\_\_\_

Do you have any allergies? Please specify: \_\_\_\_\_

If you take any medication, please specify: \_\_\_\_\_

If you have any dietary requirements, please indicate: \_\_\_\_\_

Please notify our office if this applicant is exposed to any communicable disease during the three weeks prior to this retreat.

*The total cost for this weekend is \$110. A non-refundable deposit of \$55 should accompany this application. Checks should be made payable to: **Capuchin Youth & Family Ministries.***

### Please submit application and deposit to the Parish DDA Coordinator or Youth Minister:

DDA Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DDA Coordinator Signature: \_\_\_\_\_

**Parent/Guardian Permission:** I, \_\_\_\_\_ give my son/daughter \_\_\_\_\_ permission to attend the DDA Leadership Training Program retreat at Capuchin Youth & Family Ministries (CYFM). I agree to waive and relinquish all claims I may have against CYFM/Province of St. Mary of the Capuchin Order, and its officers, agents, servants, employees and volunteers as a result of my son/daughter's participation in the program.

#### Medical Matters:

I hereby warrant that to the best of my knowledge, my son/daughter is in good health and I assume all responsibility for the health of my child.

I hereby grant the adult leaders of this retreat full authority to take whatever action they consider to be warranted under the circumstances regarding my son/daughter behalf. This authority will permit the adult leaders, at their discretion, to place my child at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place my child in the hands of a local medical doctor for treatment.

I hereby certify that I am the parent or guardian of the applicant named above; that I have read the above release statements; that I join in the release without reservation, granting my full consent to all actions provided for; and further agree to hold blameless CYFM/Province of St. Mary, against any and all claims on behalf of the applicant.

Parent/Guardian Signature

Date

Emergency Contact & Phone number

**Parent/Guardian – Please see reverse side of this application for Photo Release Permission→**

Please do not write below – for CYFM office use only.  
Date Received: \_\_\_\_\_ Deposit: \_\_\_\_\_ Full Payment: \_\_\_\_\_  
Processed by: \_\_\_\_\_ Computer: \_\_\_\_\_ Acceptance letter sent: \_\_\_\_\_ CYFM-DDA Ldrshp 09/2009

