

**SAINTS AMONG US**



**THE REAL SUPERHEROS**

## Mountain Madness 2009 B.A.S.I.C. Leader Application

Please return this application to:  
Archdiocese of Denver  
Attn: Mountain Madness  
1300 S Steele Street  
Denver, CO 80210

Deadline: *no later than September 14, 2008*

### **B.A.S.I.C. Leader Team Purpose:**

To provide a level of leadership for the Jr. High Mountain Madness conference

### **Member Commitments:**

- Commit to meeting several times prior to the conference to plan and rehearse necessary activities, including interview day Sept. 27, 2008.
- Be present at the Mountain Madness Conference February 13-15, 2009
- \$100 fee (covers lodging and meals for the weekend)

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Parish Registered at \_\_\_\_\_

# **TEEN APPLICATION FORM**

## **Mountain Madness B.A.S.I.C. Team**

### **Instructions:**

1. Read through all of the questions before you begin writing your answers.
2. Answer all the questions thoroughly and honestly.
3. Type or clearly print each answer – use separate paper if necessary.
4. Be yourself!!

### **Using the Scale below, please rate yourself (1-5) in the following:**

(5) Almost always    (4) Frequently    (3) Sometimes    (2) Rarely    (1) Never

- \_\_\_\_\_ I follow through with responsibilities and commitments
- \_\_\_\_\_ I am able to lead peers
- \_\_\_\_\_ I am able to follow peer leadership
- \_\_\_\_\_ I exhibit responsible behavior including dependability and self-control
- \_\_\_\_\_ I am respected by my peers
- \_\_\_\_\_ I pray daily
- \_\_\_\_\_ I attend Mass every Sunday
- \_\_\_\_\_ I am not afraid to stand up for my faith
- \_\_\_\_\_ I work well in large groups
- \_\_\_\_\_ I work well on tasks individually

### **Please give yourself a number evaluation based on the following scale:**

(5) Very True    (4) True    (3) Somewhat True    (2) Somewhat Untrue    (1) Untrue

- \_\_\_\_\_ I believe I am trying my best to serve Christ every day
- \_\_\_\_\_ I have a hard time connecting to Christ while at Mass
- \_\_\_\_\_ My family would say that I am a good witness to the Catholic faith
- \_\_\_\_\_ I have a hunger to learn more about my faith
- \_\_\_\_\_ I have a real and personal relationship with Christ
- \_\_\_\_\_ My friends would say that I am a good witness to the Catholic faith
- \_\_\_\_\_ Sometimes I wonder if God is real
- \_\_\_\_\_ I am open to whatever God wants for my life
- \_\_\_\_\_ I have a consistent prayer life
- \_\_\_\_\_ I am excited about life

## **Teen Application Cont'd**

### **Short Essay Questions:**

When answering these questions, be yourself. There are no right or wrong answers. These questions are simply vehicles for us to learn who you are!

**Please explain why you are interested in being a part of the Mountain Madness Team this year.**

**If you were chosen to be a part of the Mountain Madness B.A.S.I.C. Team what spiritual gifts or abilities would you bring to the team and how would you use them?**

**Briefly explain how you have been active in your parish.**

**Other than Church, what extra curricular activities are you involved in?**

**\*Take some time to think about your own testimony – or how you have come to know Christ or how He has changed your life significantly. On a separate page, please write out your own testimony (1 page max).**

**\*\*Please give the attached referral form to your youth leader and have them mail it us or include a sealed envelope with their referral form in your application packet.**

# YOUTH LEADER REFERRAL FORM

## Mountain Madness B.A.S.I.C. Team

**Instructions: Please have the youth leader fill this out and mail directly to the Archdiocese of Denver or place in a sealed envelope for the applicant to mail in.**

### **Applicant**

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

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

### **Youth Minister Information:**

#### **Youth Minister**

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

**Work Phone:** \_\_\_\_\_ **Other**

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

What is your relationship to the applicant? *(Check all that apply)*

Pastor/Priest  DRE  Youth Minister  Teacher  Other \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How frequently are you in contact with the applicant? \_\_\_\_\_

How well do you know the applicant?  Very well  Well  Not well  Very little

How well do you know the applicant's faith life?

Very well  Well  Not well  Not sure  Very little

How well do you know the applicant's character?

Very well  Well  Not well  Not sure  Very little

I have been on  0  1  2  more than 2 retreats with the applicant.

The applicant has served in a leadership roll in his/her parish or youth group:  yes  no

I speak often with the applicant about their relationship with God:  yes  no

#### **Using the Scale below, please rate the applicant (1-5) in the following:**

(5) Almost always (4) Frequently (3) Sometimes (2) Rarely (1) Never

\_\_\_\_\_ follows through with responsibilities and commitments

\_\_\_\_\_ is able to lead peers

\_\_\_\_\_ is able to follow peer leadership

\_\_\_\_\_ exhibits responsible behavior including dependability and self-control

\_\_\_\_\_ is respected by their peers

\_\_\_\_\_ is not afraid to stand up for their faith

**(see reverse side)**



# Mountain Madness

February 13-15, 2009

YMCA of the Rockies, Estes Park

Sponsored by the Archdiocese of Denver, Office of Youth, Young Adult, & Campus Ministry

B.A.S.I.C. Leader's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parish \_\_\_\_\_ Group Leader \_\_\_\_\_ T-Shirt Size (Adult) \_\_\_\_\_

The undersigned do hereby release, forever discharge and agree to hold the **Archdiocese of Denver and the above named Parish** harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (If participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older). The undersigned further hereby agree to indemnify and hold the Archdiocese of Denver, the above named Parish, and their respective members, directors, employees, and agents (collectively, the 'Indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (1) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for \_\_\_\_\_ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

**This form MUST be signed by ALL participants under 18 and ALL participants 18 and older**

Adult Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Phone # During the Event \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

***\$100.00 Registration Fee will be due at B.A.S.I.C. Orientation October 9<sup>th</sup>***