

## Christian Leadership Institute - Hawaii (CLI-HI)

June 23 – June 28, 2024

### Application Form – Youth Participants

CLI-HI will be held June 23 – June 28 at St. Stephen Diocesan Center in Kaneohe on the island of O'ahu. Make sure you are available the entire week before completing this application. Please PRINT clearly. Use a black or blue pen to complete all items on both pages. This form is also fillable for your convenience.

Participant First Name \_\_\_\_\_ Middle Name (if on ID) \_\_\_\_\_ Last Name \_\_\_\_\_

Parish name: \_\_\_\_\_ City: \_\_\_\_\_

High School: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Age (at CLI): \_\_\_\_\_ Birth date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Female ☐ Male

T-shirt size (check one): ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

With whom do you live? ☐ Both Parents ☐ Father ☐ Mother ☐ Other (please specify) \_\_\_\_\_

**NOTE:** Return your completed application (with fee) to your Parish Coordinator of Youth Ministry or Catholic High School Campus Minister **no later than May 15, 2024**. The youth minister/campus minister recommendation form MUST be attached for your CLI-HI application to be considered. Applications will be reviewed on a first come, first served basis.

**Fee Information:** The total fee for CLI-HI is \$350. This includes tuition, room & board, and materials. A deposit of \$175 (or full payment) per participant must be included with application packets. Full payment must be made no later than May 25, 2024. Payments are non-refundable after this date. Participants are responsible to pay this fee or make other arrangements with their youth minister/campus minister. Scholarships may be available through your parish/school. Contact your Parish Coordinator of Youth Ministry or Catholic High School Campus Minister. Make checks payable to your parish/school.

Applicant Name \_\_\_\_\_ Parish/School \_\_\_\_\_

**Please answer the following questions. If more space is needed, attach an additional page and include your name at the top.**

1. Let us know a little about you. What three words best describe you and why?
  
  
  
  
  
  
  
  
  
  
2. Let us know a little about your leadership experience. How have you been a leader in your parish, school, scouts, athletic teams, home, etc.?
  
  
  
  
  
  
  
  
  
  
3. What types of leadership training have you had? (ie. in your school, through the Boy/Girl Scouts, athletics, etc.)
  
  
  
  
  
  
  
  
  
  
4. What CLI-HI is (and isn't)... The Christian Leadership Institute - Hawaii is a program that empowers young people to become leaders by preparing them to serve on their parish or campus ministry leadership teams. It is an intense week of training during which participants learn new skills, put those skills into action, and explore what it means to live in community. It requires a lot of work on the part of participants, yet it is also fun and exciting. While it is based in a Catholic context that includes prayer and liturgy, CLI-HI is not a retreat.  
After reading the above, what are you hoping to gain from your CLI-HI experience?
  
  
  
  
  
  
  
  
  
  
5. How will you be active in your parish/school (ie. comprehensive youth ministry, religious education, liturgy, stewardship, evangelization, or school campus ministry) in the future?

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

**CLI-HI Recommendation Form from Parish/School Leader**

A separate form must be filled out for EACH participant and attached to his/her application. Please take some time to think about your responses regarding each applicant, and include any information that would be helpful to the Christian Leadership Institute-Hawaii team. Be sure to answer all questions and include the applicant's name at the top of the page. Use the back of this page if additional space is needed. Please PRINT clearly.

Leader's Name: \_\_\_\_\_ Parish/School: \_\_\_\_\_

How do you know the applicant?

Why are you recommending this applicant for CLI-HI?

What involvement and leadership opportunities could and will you provide this participant following CLI-HI?

What else would you like the CLI-HI team to know about this applicant?

# MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

(Please print clearly.)

Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: ☐M ☐F

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate  
Parent or guardian's name Child's name  
in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_.  
Name of parish

A brief description of the activity follows:

Type of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Destination of event: \_\_\_\_\_

Individual in charge: \_\_\_\_\_

Estimated time of departure and return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors, employees and

Name of Parish  
agents, and the Diocese of Honolulu, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Honolulu, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of Honolulu.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 that are applicable.)

**Emergency Medical Treatment:** In the event of an 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 an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Honolulu, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Choose One:

☐ No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Does child have any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

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

\_\_\_\_\_

Applicant Name \_\_\_\_\_ Parish/School \_\_\_\_\_

**Christian Leadership Institute – Hawaii (CLI-HI)**  
**Youth Participant Code of Conduct**

Youth participants will:

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property
- Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew
- Keep their personal belongings with them at all times
- Attend all scheduled sessions, arriving promptly, and staying for the entire event
- Be aware of noise levels in lobbies, hallways, and sleeping areas, especially later in the evenings
- Maintain the spirit of the event
- Report problems of any kind to a trusted adult

Youth participants will not:

- Possess weapons of any kind
- Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs
- Engage in any form of sexual activity or peer sexual harassment
- Purchase, download, possess, or distribute pornography
- Visit or gather in dorm rooms with the opposite gender

Youth participants will be aware of what are and *are not* appropriate behaviors in terms of relationships between adults and youth, and with their peers:

The following behaviors are generally considered appropriate:

- Side hugs
- Shoulder to shoulder or “temple” hugs
- Handshakes
- “High-fives” and hand slapping
- Verbal praise for a job well-done (not regarding physical attributes)
- Touching hands, faces (usually in context of a blessing), shoulders, and arms of minors
- Arms around shoulders
- Holding hands while walking with younger minors
- Sitting beside younger minors
- Kneeling or bending down for hugs with younger minors
- Holding hands during prayer
- Pats on the head when culturally appropriate

The following behaviors are generally considered inappropriate at a diocesan event:

- Inappropriate or lengthy embraces
- Kisses on the mouth
- Holding children on the lap who are capable of sitting on their own
- Touching bottoms, chests, or genital areas

- Showing affection in isolated areas of a facility such as bedrooms, restrooms, bathrooms, closets, staff-only areas, or other private rooms
- Being in or on a bed with an adult
- Touching knees or legs of minors
- Wrestling with minors
- Tickling minors
- Piggyback rides
- Any type of massage given by minor to adult or another minor
- Any type of massage given by adult to minor
- Any form of unwanted affection or peer sexual harassment
- Compliments or put downs that relate to physique or body development
- Going to an isolated area away from the group, or being taken to an isolated area by an adult or peer

**If a problem of any kind occurs during this diocesan-sponsored youth program, young people will immediately go to a trusted adult to discuss the matter.**

Youth and parents understand that failure to agree to and abide by the Youth Participant Code of Conduct will bar youth from participation in this diocesan-sponsored youth program.

If a young person violates the Youth Participant Code of Conduct, any or all of the following sanctions may be implemented:

- Reporting of misconduct to local authorities, if the violation in any way violates local ordinances or laws.
- Dismissal of the youth from CLI-HI whereby it would become the responsibility of the parent to ensure timely, accompanied, and safe transportation home.

As a participant in CLI-HI, I understand and agree to conform to the Youth Participant Code of Conduct. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from CLI-HI and that I will be sent home at my parent's/guardian's expense.

Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTOGRAPH AND VIDEO CONSENT FORM

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website.

Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardian(s) of this youth \_\_\_\_\_, authorize and give  
Youth's Name  
full consent, without limitation or reservation, to \_\_\_\_\_, to publish any  
Name of Parish/School  
photograph or video in which the above named student appears while participating in any  
program associated with \_\_\_\_\_ ministry. There will be no compensation  
Name of Parish/School  
for use of any photograph or video at the time of publication or in the future.

Student Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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