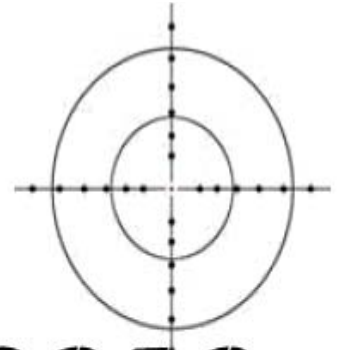


MISSION
POSSIBLE
CALLED • SENT • SAVED



BEACON Y.E.S. 2010

AUGUST 6-8, 2010

"Whatsoever you do to the least of my brothers, you do unto me..." Matthew 25:40

WHO: Youth & Adults

Incoming Freshman to outgoing Seniors and all adults 18-104!!
Adults 21 and over must be in compliance with the Diocese of Toledo
"Protecting Youth and Those Who Serve Them Policy."

WHAT: Youth Elect Service

An opportunity to help those in need.
You may whack weeds, haul junk, paint, wash windows,
clean house, trim trees etc.
We will do whatever service is asked of us.

WHEN: August 6-8, 2010

Check In: Friday August 6th from 7:00pm-8:00pm
Closing Mass Sunday August 8th @ 10:30am

WHERE: Our Lady of Lourdes

204 S. Main Street Genoa, OH 43431

COST: \$20.00...For The Weekend

Make all checks payable to BEACON Y.E.S.

*****Bring: a positive attitude, a snack to share, pillow, sleeping bag, towels,
washcloths, toiletries, old shoes, elbow grease and work clothes*****

TO REGISTER CONTACT:

Kayla Mahler
505 S. Main Street
Gibsonburg, Ohio 43431
Phone: 419-307-8340 or 419-637-9929
Email: kaylamariamahler@yahoo.com

Y.E.S. Weekend Application

Detach and mail or turn in to your youth minister
Y.E.S. c/o Kayla Mahler 505 S. Main Street Gibsonburg, Ohio 43431

Name _____ Home Parish _____

Address _____

Phone _____ Parish City _____

Birth Date _____ School Attending _____

Email: _____

Please Circle: Grade 9 10 11 12 College Adult T-Shirt Size S M L XL XXL
Return by July 19th to guarantee a T-Shirt

COST: \$20.00 for the weekend (Make all checks out to Y.E.S.)

CODE OF BEHAVIOR

Because this weekend of Youth Elect Service is really that...service to other people...it is necessary everyone understands that it will not be party time or goof off time. However, it will be a weekend of hard work, great fun, real friendship, experiencing God's love, and really knowing the feeling of having done something very good and done it very well. For these reasons, it will be necessary for all of us to observe a certain level of conduct and behavior.

To be part of this weekend please read the following rules and make a pledge to follow them by signing this Agreement of Conduct.

1. To get to bed on time so that you can get up early for the next day.
2. To be prompt for all work, events, meals, prayers, and activities.
3. To cooperate with all your fellow volunteers and to do your part in making the load easier for everyone else.
4. To not be a complainer about conditions of work, food, or living quarters.
5. To not bring any tobacco products, alcohol, drugs, inappropriate reading material, etc.
NO Cell phones! iPod's will be allowed in the sleeping quarters and will be taken away if found being used anywhere else.
6. To be a good example for the elderly and the people whose homes we will be working.
7. To not leave your group, the grounds, or the property without explicit permission of one of the leaders.
8. To not form cliques within the group or spend alone time with romances.
9. To observe all rules of safety at the work site and try to make it safe for everyone else.
10. To follow the directions of the leaders in whatever the case may be.

PLEASE SIGN BELOW IF YOU ARE WILLING TO LIVE BY THIS CODE:

Youth Signature _____

Parent Signature _____

Parental Permission/Medical Release Form

Dear Y.E.S. Staff:

My son/daughter has my permission to attend the Beacon YES 2010 Weekend. I understand that it will take place at Our Lady of Lourdes Parish Genoa, Ohio on August 6-8, 2010

I have discussed the Yes Code of Behavior with my child. We both realize that any serious infraction of the rules may result in dismissal from the YES Weekend. I will be responsible for providing immediate transportation home.

If my child has any prescription medication, or allergies to medications, I have listed them below. I also hereby give my permission to the physician selected by the attending hospital to secure proper treatment for and to order injection, anesthesia or surgery for my son/daughter in event I cannot be reached in a emergency.

 YES NO Photographs of my child in groups of two or more may be submitted to local newspapers and used in promotional materials for the YES program without compensation.

Finally, I understand that the YES leaders have full authority for enforcing the rules and making decisions for the good of the entire delegation. I will accept and support them.

Youth Name: _____

Address _____ City _____ State _____ Zip _____

Parish: _____

I CASE OF AN EMERGENCY I CAN BE REACHED AT:

Name: _____ Phone (Home) _____

(Cell) _____ (Work) _____

Relative/Neighbor: _____ Phone: _____

Physician: _____ Phone: _____

Please list all medications currently taking: _____

Please list any allergies to medications or other allergies: _____

Signature of Parent or Guardian if under 18 years of age.

Date

Signature of Youth if 18 or over

Date