

Catholic Diocese of Lansing

Peer to Peer Ministry

Social Role Model Application, Registration and Information Form

Please complete this registration and consent packet if you are a teen or young adult applying for the social role model position to offer friendship facilitation for a child or teen with an Autism Spectrum Disorder (ASD) or similar social need. Young Adults are those 18 years or older. Each participant must return a completed registration and information form including all parent/guardian consent signatures. Attach additional sheets if more room is needed to provide complete information. A separate Health History Form is also required for each participant.

Name _____ Nickname _____ Sex _____
Birthdate _____ Age _____ Grade _____ School _____ Parish _____
Parent/Guardian _____ Relationship to participant _____
Street Address _____ City _____ State _____ Zip Code _____
Home Telephone () _____ Alternate Telephone () _____

The Peer to Peer Ministry is an opportunity for participants with Autism Spectrum Disorders (ASD) and/or social challenges and their peers to interact together in a way that benefits both groups. Peer to peer social role models learn to relate to people with different needs and develop an increased understanding of differences. Responsibility, leadership and diplomacy are encouraged. Participants with ASD or social challenges benefit from friendship facilitation and increased social opportunities. It is expected that friendships will develop over time that will extend beyond the scheduled sessions and enrich the lives of all participants.

"Please provide the following information to assist us in planning and coordinating Peer to Peer events and facilitating friendships within the group."

What are your special interests, likes, hobbies? _____

Do you have any dislikes, stressors, fears, etc. which might impact your participation in Peer to Peer Ministry events? _____

What are your talents and strengths? _____

Have you been involved with a peer to peer support program before? _____

My favorite thing to do at home is _____

My favorite thing to do with my family is _____

My favorite thing to do with my friends is _____

The thing I do best is _____

Do you like sports? _____ Which sport do you like best? _____ Do you like music? _____

Do you like to sing? _____ Watch music videos? _____ Do you play an instrument? _____

Which one? _____ Do you have any pets? _____ What kind? _____

Do you have a best friend? _____

Why is he/she your best friend? _____

COMPLETE THE FOLLOWING CHECK-LIST IF YOU ARE APPLYING TO BE A SOCIAL ROLE MODEL:

- I am interested in applying for a "Social Role Model" Youth Leadership Role.
- I am eager to help others.
- I am willing and able to work well with one or more group members requesting friendship facilitation.
- I am in Middle School or High School or post-high-school
- I am or am willing to be active in my parish youth program or age-appropriate parish activities. .
- I am willing to make a one or two year commitment to attend all meetings.
- I have the ability to arrange transportation to all meetings.
- I have the ability to build a relationship with another person accepting of his/her abilities & interests.
- I have the ability to be verbal in affirming others.
- I am open to individual and group prayer.
- I am willing and able to participate in training and events associated with Peer to Peer Ministry.
- I will help be a bridge for those requesting friendship facilitation to participation in parish activities and formation and acceptance within the community.
- I am willing and able to be a positive role model.
- I am willing and able to follow rules of confidentiality as explained in the training.

Parent/Guardian Input (for Youth Leader Applicants under age 18):

Your child has expressed an interest in participating in Peer to Peer Ministry as a social role model. Your child will be interacting in social activities with children, teens and young adults with Autism Spectrum Disorders (ASD) or other special needs which impact socialization skills.

Do you support your child's desire to participate in Peer to Peer Ministry as a social role model?

Do you have any concerns about your child participating as a social role model? (Describe) _____

Are there medical concerns or medication the team should know about? _____

Is there any other information the team should know about your child? _____

I understand the Peer to Peer Ministry described on page one of this form, including all the details mentioned. I consent to my child's participation. I understand that no event, including any associated with Peer to Peer Ministry, is without risk of significant injury. Nevertheless, on behalf of myself and my child, I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, and any associated school or parish, or any cleric, administrator, teacher, employee, volunteer, agent, chaperone, parent, or student, in connection with Peer to Peer Ministry events. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

Printed name of Parent/Guardian

Signature of Parent or Guardian

Relationship to the child: _____

Date: _____

CATHOLIC DIOCESE OF LANSING

MEDIA RELEASE

I, the undersigned, hereby grant the Diocese of Lansing and/or its representative(s) the absolute right and permission to copyright, use and reuse, publish and republish, my words and/or my image(s) in any or all of its following forms or media products: magazines, printed materials such as brochures, parish bulletins, advertisements, web sites, electronic products, and video and audio usage, in conjunction with my own name or an assumed name chosen by the Diocese of Lansing.

I release any and every legal claim that I may have today, or in the future, arising from the use, by the Diocese of Lansing, of my words or my image(s). This includes my claim that might be in the nature of defamation or invasion of privacy. I understand and agree that I cannot sue the Diocese of Lansing and/or its representative(s) for how my words or my image(s) are used.

I hereby waive any right to inspect or approve the finished product or products. I hereby release the Diocese of Lansing and/or its representative(s), from liability for any violation of any personal property right I may have, in connection with the use of the above stated forms or media products.

I/We hereby warrant that I/we, am/are of legal age (18 years of age) and have full authority, in my/our own name, to give the permissions stated in this release.

Printed Name	Signature	Date
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Printed Name	Signature	Date
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I/We grant permission without compensation for the usage, as described in full above, or my/our son's or daughter's words or image(s) in any or all of the above described forms or media products.

Printed Name	Signature	Date
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Printed Name	Signature	Date
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The signature(s) of a parent/legal guardian signifies that the parent/guardian has read and agrees to all of the terms of this release, and that the parent/guardian has full authority to give the permissions stated in this release.

Parent/Guardian Permission Form for Field Trips

Dear Parent or Legal Guardian,

Your son or daughter is eligible to participate in diocese/parish sponsored activities requiring transportation to locations away from the parish grounds. The scheduled activities will take place under the guidance and supervision of authorized personnel from Diocese of Lansing, Peer to Peer Ministry.

Name of the Event: Peer to Peer Ministry Training and Events

Date: To be announced beginning April 19, 2015 through June 30, 2016.

Place: Event locations to be announced, including various parishes, schools or community destinations.

Leaving at: Departure times will be announced and will vary according to scheduled event times.

Returning at: Return times will be announced and will vary according to scheduled event times.

Permission and waiver of liability is inclusive of scheduled Peer to Peer Ministry events to be scheduled and announced on various dates and at various locations between the dates of April 19, 2015 through June 30, 2016. We ask that those who register for Peer to Peer Ministry commit to attending the April 19 training and the future events, which will be scheduled approximately monthly.

Transportation type: As arranged by parish

Accompanied by: Teacher(s) Adult/Parents

Special instructions:

I understand the events described in the upper portion of this sheet, including all the details mentioned. I consent to my child's participation. I understand that no event, including Peer to Peer Ministry events, as described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child, I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, hosting parishes, and schools or any cleric, administrator, teacher, employee, volunteer, agent, chaperone, parent, or student, in connection with Peer to Peer Ministry events. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

Printed name of Parent/Guardian

Signature of Parent or Guardian

Relationship to the child: _____

Date: _____