

Totus Tuus is a diocesan Catholic youth program dedicated to helping young people develop a greater understanding of their faith so that they can live it in today's world. This is done in such a way that it is fun for both the college age teachers and youth alike. *Registration is required for both programs. Please return forms to Seven Dolors Parish Office.*

Grade School Program

The curriculum for the Grade School Program this year will focus on the Mystery of Salvation and the Luminous Mysteries.

This is for students who have completed Grade 1-6 during the 2017/18 school year

Monday, July 9- Friday, July 13

Time: 9:00 a.m. - 3:00 p.m. at Seven Dolors

Fee: \$35/child.

Bring a sack lunch and a water bottle each day labeled with your name.

There will be refrigeration available.

Junior and Senior High School Program

The Junior High and Senior High School Program include instruction, small group discussions, quiet meditation, prayer and fellowship. Junior and Senior High Students are separated during instruction and small group sessions.

This is for students who have completed Grade 7-12 during the 2017/18 school year.

Sunday, July 8-Thursday, July 12

Time: 7:30 p.m. - 9:45 p.m. at Seven Dolors

There is NO FEE for the Jr/Sr High Program

**7 thru 12 Grade Students who would like to volunteer during the Grade School program are only eligible if they are registered for the evening Totus Tuus program and fill out the youth volunteer form.

Please contact Deb Price or Lori Harlan.**

Registration Deadline June 27, 2018

Registration Forms and Diocesan Forms can be found on line at:

Sevendolors.com

For any questions please contact

Lori Harlan
785-532-8072
lharlan@gmail.com

Deb Price
539-5000 x118
reoffice@sevendolors.com



Youth Volunteer Application

Totus Tuus 2018 - Seven Dolors

(Grades 7-12)

Application due: **Monday, June 25.**

If you plan to volunteer, please consider it as you would a job; you will be compensated with volunteer hours. Volunteers are needed from 8:45 until 3:15 the week of Totus Tuus. If you are able to commit to a full day, we would appreciate it. There are many little ones to keep track of and we need volunteers to be present the **WHOLE TIME**. Good volunteers are part of what makes Totus Tuus memorable for the children. ☺

In order to volunteer, youth must also register to attend the evening Totus Tuus program (July 8-12; 7:30-9:45pm). Diocese of Salina Safe environment training must also be completed prior to start of Totus Tuus. Safe Environment Training for High School Students (9-12) or Code of Conduct for Middle Schoolers is found online at: (<http://salinadiocese.org/safety-security>).

Name: _____ Grade (2017-18) _____

Cell # _____ email _____

Volunteers are needed from **8:45 a.m. - 3:15 p.m.**

Please mark the days you will be available to help for the entire day of the program:

Monday July 9	Tuesday July 10	Wednesday July 11	Thursday July 12	Friday July 13

Emergency Contact Information:

Name _____ Phone # _____

Relationship to volunteer: _____

An orientation meeting will take place on Monday morning at 8:30am for all volunteers. Thank you for volunteering for Totus Tuus at Seven Dolors.

If you have questions concerning volunteering or Totus Tuus, in general, please contact:

Lori Harlan | 785-532-8072 | lharlan@gmail.com

Deb Price | 565-5000 (x118) | reoffice@sevendolors.com

Please refer to the age appropriate Salina Diocese Code of Conduct (found in *CMG* training) and the following expectations for all Totus Tuus volunteers:

1. Bring a sack lunch and drink each day.
2. You are modeling good Catholic behavior for the younger children, remember this in your speech and actions with them, each other and adults.
3. Participate in all activities to the best of your ability. (Songs & actions, games; especially Mass)
4. Please plan to put away your phone while interacting with the kids - recess, class rooms, lunch. Ideally you would check your phone only at lunch, if necessary.
5. Dress modestly - no tank tops, cut-off shorts or short shorts.
6. Help the Totus Tuus staff and adult volunteers appropriately, as requested.
7. Have Fun!

I have read and agree to follow the age appropriate Salina Diocese Code of Conduct and expectations above.

Volunteer Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____



Date _____

MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis at the beginning of the program.

Diocese Salina Parish _____ School N/A

Participant's Name _____

Date of Birth _____ Place of Birth _____

PLEASE PRINT OR TYPE

Participant's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc): _____

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____

Fainting spells: _____

Allergies: _____

Ear infections: _____

Seizures: _____

Heart condition: _____

Headaches: _____

OTHER: _____

List any allergies or allergic reactions to medications of the participant: _____

Other pertinent medical information: _____

Date of Participant's last immunizations: MMR TB TETANUS

Special dietary needs/restrictions: _____

(over)

Medications:

Prescribed medication now being taken:

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts:

Parent or Guardian

Name (first, middle, last): _____

Daytime Phone (including area code): _____ Evening Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc): _____



**ROMAN CATHOLIC DIOCESE OF SALINA
AUTHORIZATION TO RELEASE AND/OR RECEIVE CONFIDENTIAL INFORMATION**

PATIENT NAME	BIRTH DATE
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CHECK ONE:

BY SIGNING BELOW, I HEREBY AUTHORIZE ANY HEALTH CARE PROVIDER THAT HAS PROVIDED TREATMENT TO DISCLOSE PROTECTED HEALTH INFORMATION CONCERNING THE ABOVE-NAMED PATIENT TO:

**Catholic Chancery Office
103 N. 9th Street, P.O. Box 980
Salina, Kansas 67402-0980**

For Treatment date(s): _____
Specify date(s) - this line MUST BE completed

For the following purpose(s): _____ At the request of the patient _____

If the request is initiated by the patient (Or patient representative), insert "at the request of patient;" otherwise, describe purpose of use or disclosure. If the purpose relates to marketing, indicate whether Provider will receive remuneration.

<small>CHECK TYPE OF INFORMATION AUTHORIZED TO BE USED AND/OR DISCLOSED (Unless the appropriate box is checked, Provider will not disclose records contained in its medical records prepared by health care providers not affiliated with Provides unless records were prepared on behalf of Provider)</small>	
G	Entire Record (will not include Billing Records or records not prepared by or on behalf of Provider unless those items also are selected)
G	Records not prepared by or on behalf of Provider. Provider cannot be responsible for the completeness or accuracy of such records.
G	Other _____

Date _____
Signature of Authorized Agent/Representative (Parent)

Printed Name of Authorized Agent/Representative (Parent) _____
Relationship of Authorized Agent/Representative

Address of Authorized Agent/Representative _____
Telephone # of Authorized Agent/Representative

Date _____
Signature of Witness

ORIGINAL - Privacy Officer COPY - Patient Medical Record

For Office Use Only: For each disclosure made pursuant to this authorization, list the name of the person/entity to whom the disclosure was made; a description of the disclosed; the date on which the disclosure was made; any fees charged in connection with the disclosure; and the name of the person making the disclosure.