

# Cabrini Retreat Center / Cabrini College

9430 Golf Road, Des Plaines, Illinois 60016  
www.cabrinicenter.org + 847-297-6530 + nancyg@cabrinicenter.org  
**Youth Minister Roundtable June 19 - 21, 2015**

Participant Name: \_\_\_\_\_

Youth Ministry Location: \_\_\_\_\_

Female: \_\_\_ Male: \_\_\_

## #1 Applicant Information

## ADULT PROGRAM

Applicant Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

- 2 Ways to Apply  
1. Complete the form and mail to Cabrini at the address above.  
2. Complete the form, scan and email to nancyg@cabrinicenter.org.

How long have you been involved as a Youth Minister? \_\_\_\_\_ I am at least 21 years of age \_\_\_\_\_

Describe briefly your training and experience as a youth minister \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special talents or skills you bring to your ministry (ie music and worship, digital media, sports, organization)  
\_\_\_\_\_  
\_\_\_\_\_

Anything else you want us to know? \_\_\_\_\_

Will teens from your Youth Ministry Program participate in the Youth Leadership Institute track? \_\_\_ Yes \_\_\_ No

I will attend the optional closing Mass and family brunch on Sunday at 10 am. \_\_\_ Yes \_\_\_\_\_ Number Attending

I am in need of transportation assistance to and or from the program, please contact me \_\_\_\_\_

### Ministry Reference for Applicant - Pastor, Director of Religious Education, Other - not a family member or minor.

Reference Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone #1 \_\_\_\_\_  
Phone #2 \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

### Emergency Contact Information - for Applicant

Contact Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Other Day Phone \_\_\_\_\_  
Other Evening Phone \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

### Safe Environment Compliance - If you have questions, or need help with this section contact Cabrini Retreat Center.

I have completed VIRTUS Training for Adults. YES \_\_\_

I have a completed Archdiocesan Office of Safe Environment background check. YES \_\_\_

I have a current CANTS form on file with the Archdiocese. YES \_\_\_

By my signature I confirm that all the above information is true and accurate: \_\_\_\_\_