



# PARENT INVOLVEMENT

All Saints Crossroads Ministry provides a variety of opportunities for parents to be actively involved in their youth's faith development. Due to the large number of youth in our Crossroads program we need to have all parents active in the program in some capacity. Your participation will strengthen our ministry! Please *read the descriptions below* and sign up for the role(s) you feel would best match your gifts. For more information, please contact Kristine Clemens at 952-934-3550 or kclemens@allsaintsmtka.org.

**Our commitment to Crossroads this year will be** (mark with initial for each adult):

_____ <b>Small Group Guide</b>	_____ <b>Photographer / Photo Editor</b>
_____ <b>Substitute Guide</b> (when Guide unable to be present)	_____ <b>Wed. Night Greeter (a few times a year)</b>
_____ <b>Youth and Family Team Member</b>	_____ <b>Wed. Night Friendly Presence (a few times a year)</b>
_____ <b>Service Project Leader for one project</b>	_____ <b>Retreat Chaperone</b>
_____ <b>Meal Helper for an Event</b>	_____ <b>Crossroads Team Member</b>
Kick off dinner (Sept 20)_____ Potluck(Jan.2018)_____	_____ <b>Help with 9<sup>th</sup> Grade Igniter (Dec 9)</b>
9 <sup>th</sup> grade banquet (May, 2018)_____	_____ <b>Other:</b> _____

**Small Group Guide** – Caring adults who model an authentic relationship with Christ are the backbone of our Crossroads Ministry. Lead a group of 4-7 youth (including your child or not, as you prefer) on Wednesday night Crossroads nights from 7:00 – 8:30. In addition Guides attend Guide training the prior to Crossroads beginning in September as well as attend a Guide Meeting from 6:35 – 6:55 on Crossroads nights. Also attend retreats and fellowship and service events with your group. All materials for small group time, plus training and ongoing support are provided.

**Crossroads Team Member** – Being available to help with needs that arise for Crossroads. Youth Director will usually communicate needs via e-mail.

**Youth and Family Team Member** – Meet with youth director as a team once per month and assist with youth and family events.

**Meal Coordinator for an Event** – Organize food / setup / cleanup (with helpers) for any of the large-group Crossroads events: Opening Night (Sep), Parent-Youth Potluck (Jan), Confirmation Banquet (May). **Meal Helpers** contribute food or time.

**Photographer or Photo Editor** – Take pictures of guides/small groups in September. Take pictures at Crossroads events. Edit digital photos on computer. Put photos on website. Post confirmation photos on bulletin board in May. (Volunteer for any or all of these tasks.)

**Wed. Night Greeter** – Stand at one of the church doors and cheerfully welcome all who arrive for Crossroads (6:45-7:00 p.m.).

**Wed. Night Friendly Presence** – Help Crossroads youth be where they need to be by patrolling all areas of the church (7:00 – 8:30 p.m.).

**Phone Calling** – Assist with communication, recruiting, and follow-up by making phone calls to adults or youth.

## PARENT AND YOUTH COVENANT

*All Saints Crossroads Ministry is a partnership between families and the church.*

*Parents/guardians and youth: **Do you commit yourselves to participating fully in this confirmation program, working with each other to complete the necessary requirements (see Crossroads Handbook for details)? If so, sign below.***

\_\_\_\_\_ *Parent/Guardian Signature(s)*

\_\_\_\_\_ *Youth Signature*



**Colaborate Study Bible** - All Crossroads youth, Guides and Junior Guides are encouraged to purchase a Colaborate Lutheran Study Bible (New Revised Standard Version). We will be using them in Crossroads as well as a matching curriculum. Would be great for everyone to have the same Bible.

**Colaborate Study Bibles are \$25.00 each - Would you like one? Yes \_\_\_\_\_ No \_\_\_\_\_**

**7<sup>th</sup> GRADERS:** If you wish, you may request to be in the same small group as a friend. Please list up to three names, and we promise to do our best to put you together with at least one of your requests.

\_\_\_\_\_

If you have any questions or comments about Crossroads, contact Kristine Clemens at 952-934-3550 or kclemens@allsaintsmtka.org

All Saints Lutheran Church

Permission / Medical Release Form 2017-18

I give permission for \_\_\_\_\_
(Full First Name) (Full Middle Name) (Last Name)

to travel with All Saints Lutheran Church Crossroads Ministry from August 31, 2017 through August 31, 2018, for service projects, fellowship events, and retreats.

I hereby release All Saints Lutheran Church, its staff and sponsors, from responsibility and liability for any injury or illness that my son/daughter may sustain during Crossroads Wednesday nights, service projects, fellowship events, and retreats. In the event of an emergency, I hereby authorize one of the adult leaders of All Saints Lutheran Church as agent for me, to consent to an x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. I have fully disclosed to the best of my knowledge all medical information requested below.

I also give my permission for my child's image to be used in any All Saints publications, promotional material or slide shows (including All Saints website).

\_\_\_\_\_  
(Signature of parent or legal guardian)

Father's work number \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's work number \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother Cell phone number \_\_\_\_\_ Father Cell Phone \_\_\_\_\_

Alternate person to contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_ Dietary Limitations \_\_\_\_\_

Medications being taken and reason \_\_\_\_\_

Have you been diagnosed with any conditions or illness in the past year, and what \_\_\_\_\_

Other information we should know:
\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Please also sign below if you give permission for your son or daughter to leave their small group at the end of the small group time unattended by you or another adult.

Parent's signature \_\_\_\_\_
(Youth of parents who do not sign here will be kept at small group until a parent/guardian picks them up.)