

St. John Vianney Confirmation Program 2018-2019

St. John Vianney Catholic Church's Confirmation Program strives to prepare young people for a lasting relationship with the Catholic Church and Jesus Christ. For a student to enter into the Confirmation Program, they must adhere to the requirements as stated by the Diocese of Austin.

- To receive the Sacrament in the spring of the 10th grade, the student must have regularly attended high school religious faith formation in the 9th and 10th grade, for a total of 20 classes per school year. Attendance at one of our Catholic Schools, counts.
 - The high school program, Alive, will not include Confirmation preparation. The Confirmation program will take place on 4 Super Sundays, Saturday all day Spring retreat & 1 Fall weekend retreat.
 - Confirmation preparation will take place only in the spring.

Calendar:

- * Confirmation Kick-Off Retreat – **November 9, 10, & 11**, CedarBrake, Belton, TX
 - Super Sunday #1 –**1/13/2019** 12:30-3:30
 - Super Sunday #2 –**1/27/2019** 12:30-3:30
 - Super Sunday #3 –**2/24/2019** 12:30-3:30
 - Super Sunday #4 –**3/31/2019** 12:30-3:30
 - All Day Retreat - **4/13/2019** 7:30 am – 6:30 pm
 - Confirmation – **TBD**

The program will meet in Vianney Center following the 11:00 Mass. Teens are invited to wear their Confirmation shirts and sit together during Mass. Lunch will be provided.

Confirmation Requirements Checklist:

- Participation in all Alive nights on Sundays (minimum of 20 classes)
- Confirmation Retreat Payment and Permission Slip
- Participation in a Confirmation Retreat
- Participation in all **4** Super Sundays
- Participation in the Peace & Social Justice all day retreat
- Participation in the Sacrament of Reconciliation
- Regular participation in Sunday Mass & Holy Days of Obligation

Required Paperwork for Candidate:

- Retreat Permission Slip (**Due TODAY**)
- Candidate General Information Sheet (**Due TODAY**)
- Confirmation Service Hour Report
- Saint Essay
- Diocese of Austin Sponsor Covenant Form(**letter good standing from their parish**)
- Copy of Baptism Certificate

Role of the Sponsor

A sponsor is:

- Defined by the Church: “The sponsor’s function is to take care that the person confirmed behaves as a true witness of Christ and faithfully fulfills the duties inherent in this sacrament.”
- A trusted adult who will walk with the candidate through the Confirmation program and through life
- A mentor who will guide and encourage the candidate
- A role model who lives their faith fully

To be a sponsor, a person must:

- Be appointed by the candidate
- Be over 16 years of age
- Be a practicing Catholic who has been confirmed, received the Eucharist, lives a life of faith, attends Mass every week, and possesses a valid marriage if married
- Not be the candidate’s mother or father

Sponsors are asked to:

- Pray for and with the candidate
- Actively participate in the process
- Attend the Confirmation Rehearsal and the Confirmation Ceremony
- Be active in their local Catholic Community
- Attend Sunday Mass weekly
- Complete the Diocese of Austin Sponsor Covenant Form(**submission of good standing letter from their parish.**)

Picking the Name of a Saint

Saints intercede for us, are our brothers and sisters in Christ, and serve as role models for us. Candidates will be asked to pick a Saint name for Confirmation and write an essay explaining why they chose the particular Saint.

The essay should be typed and 1 page single spaced maximum and should include:

- The name of the Saint
- Brief summary of the Saint’s life
- An explanation of why that Saint was chosen

Candidate General Information
Print all information legibly

Candidate's Full Name: _____

(As will be printed on certificate)

Candidate Mailing Address: _____

Candidate's Age on April 1, 2016: _____

Candidate's Date of Baptism: _____

Name and Mailing Address of Candidate's Church of Baptism:

Parish Name: _____

Street Mailing Address: _____

City, State, Zip Code: _____

Country (if outside the USA): _____

Parent(s) Name: Father: _____

 Mother: _____

(Including maiden name)

Sponsor Information:

Sponsor's Full Name: _____

The Sponsor is a registered member of _____

(Name of Church)

Located in _____

(City and State)

**Sponsors must be in good standing with the Church and must have received: Baptism,
Eucharist, Reconciliation, and Confirmation.**

Name of Candidate's Confirmation Saint: _____

Confirmation Service Hour Report

Student Name

- Service must be done with a Christ-like attitude
- Service Hour Report must be completed and turned into the Director of Youth Ministry
- 12 (total 24 hours for 2 consecutive years) Service Hours are required
- The candidate must not be paid for the service
- Any service performed 2 years prior to Confirmation school year will not be counted
- You may only use 5 service hours from your Ministry (choir/band, usher, greeter, altar server, etc.)

Record each service hour performed in the space below. Have a parent sign the below.

Description	Hours
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I affirm that the candidate has completed all service hours and that they have not received payment for the work. _____ **Parent Signature**

CONFIRMATION SPONSOR COVENANT

As a Confirmation sponsor, your role is to encourage the faith of your candidate and be an “example” to your Confirmation candidate and to reflect with the candidate on the meaning of a life of Catholic discipleship.

The Code of Canon Law (Church Law) specifies the requirements for serving as a sponsor at Confirmation (Canon 893) are the same as those for godparents at Baptism (Canon 874): You may not be the parent of the person being confirmed; you must be at least 16 years old; you must be fully initiated (Baptism, Confirmation, Eucharist); if married, be in valid Catholic marriage; and live a life of active faith in the Catholic Church.

I understand the requirements of being a Confirmation sponsor and I state that I received the **Sacrament of Baptism**

at _____ Church in
_____ (City and State)

I received the **Sacrament of Confirmation**

at _____ Catholic Church in
_____ (City and State)

(And if married) celebrated the **Sacrament of Marriage**

at _____ in
_____ (City and State)

My candidate’s name is: _____

Name of parish and city where the **Sacrament of Confirmation** is to take place:

Parish: **St. John Vianney** _____ City: **Round Rock, Texas** _____

I am active in the Catholic Church, fully initiated into the Catholic Church, regularly attend Mass on Sunday and strive to live my faith.

Please print your

Name _____

Signature _____

Date _____

Parental Consent for Youth to Participate in Activity, Emergency Medical Information, and Release

Participant (name): _____

Parents (name): _____

for themselves, heirs, executors, and administrators.

St. John Vianney Confirmation Retreats through St. John Vianney Catholic Church, Round Rock, TX as a Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers.

Transportation Provided by Volunteers of St. John Vianney Catholic Church.

- A. The undersigned represent that they are the parents or legal guardians of participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in the Confirmation Retreat Dec. 4-6, 2015 in Burnet, TX.
- C. Parents acknowledge and agree that: (1) Participant and Parents voluntarily seek to participate in the Event; (2) the Event may involve physical activity that involves risk of injury; (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event; (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future Events.
- D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care.
- F. Parents grant Parish/School and the Diocese permission: (1) to photograph and video tape Participant during the Event; and (2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.
- E. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: _____ Date: _____

Participant signature: _____ Date: _____

STUDENT NAME: _____

Please provide the following information.

Emergency Contact and Insurance Information

In the event of an emergency contact: _____

Phone: _____

Alternatively, contact: _____

Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Address: _____

Copy of insurance card must be attached.

Date of Last Tetanus Booster: _____

Participant has the following conditions (allergies, medical conditions, etc.): _____

Participant is currently taking the following medication: _____

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special Instructions or Other Information: _____

Directions to CedarBrake Retreat Center

From interstate 35, take the 6th Ave exit (294B) in Belton
(also marked as the exit for Mary Hardin Baylor University)

Go West on 6th Ave. until it intersects with Hwy. 317

(North Main Street)

Turn right at the light on Hwy. 317

CedarBrake is 3.4 miles on the west (left) of Hwy. 317

The entrance is marked by large signs.