



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 Brett Goda at 952-934-3550 or [bgoda@allsaintsmtka.org](mailto:bgoda@allsaintsmtka.org).

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

_____ <b>Small Group Guide</b>	_____ <b>Wed. Night Social Time Organizer (one or more times)</b>
_____ <b>Substitute Guide</b> (when Guide unable to be present)	_____ <b>Wed. Night Youth Room Monitor (a few times a year)</b>
_____ <b>Crossroads Team Member</b>	_____ <b>Wed. Night Greeter (a few times a year)</b>
_____ <b>Service Project Leader for one project</b>	_____ <b>Wed. Night Friendly Presence (a few times a year)</b>
_____ <b>Meal Helper for an Event (choose date)</b>	_____ <b>Office Assistant</b>
Kick off dinner (Sept. 15)_____ Potluck(Jan.5)_____	_____ <b>Phone Calling</b>
Spring Dinner (Apr.27)_____ 9 <sup>th</sup> grade banquet (May 18)_____	_____ <b>Pray for youth</b>
_____ <b>Photographer / Photo Editor</b>	
_____ <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) from September through May, meeting 2-3 Wednesdays a month, 6:15-8:15 p.m. 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** – Meet with youth director as a team once per month and assist with details of the Crossroads program.

**Meal Coordinator for an Event** – Organize food / setup / cleanup (with helpers) for any of the large-group Crossroads events: Opening Night (Sep), 9<sup>th</sup> Grade Igniter (Dec), 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 Social Time Organizer** – plan and supervise a short, interactive activity for youth who arrive early (6:15-6:45 p.m.).

**Wed. Night Youth Room Supervisor** – Supervise youth who come to church early on Crossroads nights; play games or chat with them in the Youth Room, and patrol once or twice around the church building (6:15 – 6:45 p.m.).

**Wed. Night Greeter** – Stand at one of the church doors and cheerfully welcome all who arrive for Crossroads (6:30-7:00 p.m.).

**Wed. Night Friendly Presence** – Help Crossroads youth be where they need to be by patrolling all areas of the church (6:30-8:15 p.m.).

**Office Assistant** – Help with administrative tasks for Crossroads, such as typing, data entry, photocopying, assisting with mailings, editing written materials, preparing booklets, updating website, etc. It would be convenient if you were available during the day.

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

**Pray for Youth** – Meet with others from All Saints who have a heart to pray for young people and families in our congregation and confirmation program: Tuesdays at 9:00 a.m. in the sanctuary chapel; come whenever you can. Or commit to regular prayer for Crossroads youth on your own.

## 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*

A **TEEN STUDY BIBLE** (New Living Translation) is available for \$15. 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 put you together with at least one of your requests.

\_\_\_\_\_

If you have any questions or comments about Crossroads, contact Brett Goda at 952-934-3550 or [bgoda@allsaintsmtka.org](mailto:bgoda@allsaintsmtka.org).

**All Saints Lutheran Church**  
**Permission / Medical Release Form 2010-2011**

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

to travel with All Saints Lutheran Church Crossroads Ministry from August 31, 2010 through August 31, 2011, 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 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: \_\_\_\_\_

Cell phone number(s) \_\_\_\_\_

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

Dietary limitations \_\_\_\_\_

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

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.)