



Diocese of Phoenix Office of Marriage and Respect Life
Catholic Academy for Life Leadership
 400 E. Monroe St, Phoenix, Arizona 85004
 602-354-2212 call@dphx.org



C.A.L.L. Mentor Application

Teen Last Name _____ First Name _____ T-Shirt Size _____ D. O. B. _____

Address _____ City _____ State _____ Zip _____

Phones (home) _____ (cell) _____

Teen Email addresses (primary) _____ (secondary) _____

Circle/check method of communication you prefer: Email Text on Cell phone

Parish _____ CALL Graduation Date _____ High School Graduation Date _____

Are you a baptized and confirmed Roman Catholic in good standing with the Church? _____

Do you go to Mass each Sunday and on all Holy Days? _____

Parent Name: _____

Parent email address: _____ Parent cell: _____

Are there any teachings of the Church with which you *disagree*? If yes, please describe.

Describe your understanding of the Church's teaching on abortion and whether, or not, you agree:

Describe your understanding of the Church's teaching on contraception and sterilization and whether, or not you agree:

Describe your understanding of the Church's teaching on In Vitro Fertilization and whether, or not, you agree:

ESSAY: Please answer the following questions in a 200-500-word essay by typing, using Times New Roman, font size 12, on a separate sheet of paper.

How has CALL membership impacted the way you interact with your peers in your school, parish, and/or neighborhood?

Describe how your participation in the CALL program has impacted the way you live your life.

Please also write a little about how important you think the formation in the topics taught in the CALL program are for your future and the future of your peers?

*Can you commit to attend 4 CALL seminars and the 2 mentor training meetings? YES NO

*At the CALL meetings, are you willing to help announce a speaker, lead a prayer or small group discussion, help in an easy skit, and/or announce a valley event? YES NO

Please Note: Mentors are required to come 1 hour early to at least 4 seminars and to attend both the fall and winter break training meetings.

Please check or highlight all seminars/trainings which you can commit to attend. We will use this information to assign lead mentor and skit roles prior to our training meetings.

<input type="checkbox"/> Fall Mentor Training Meeting: 9/7/19	<input type="checkbox"/> Winter Mentor Training Meeting: 1/4/20
<input type="checkbox"/> Sem A: DPC (9/22/19...1:30-4pm)	<input type="checkbox"/> Sem C: DPC (1/12/20...1:30-4pm)
<input type="checkbox"/> Sem B: DPC (11/3/19...1:30-4pm)	<input type="checkbox"/> Sem D: DPC (3/29/20...1:30-4pm)
<input type="checkbox"/> Year 3 Graduation and Mass: 4/26/20	

As part of volunteering with the diocese, **you are required to complete Safe Environment Training. Please indicate which of the following applies to you:

Need Training Need to renew my annual training Already renewed annual training

Program: CALL Mentors	Leader:
Minor Name:	Cell Phone Number:
Parent/Guardian Name:	Cell Phone Number:

I _____ (print leader name), request that you allow your teen to participate in a group texting service to receive information related to the program. The group texting service allows for multiple participants to receive the exact same information through a text message that is sent to all members within a group at the same time. These group text messages will be used only to provide information related to the group/ministry, such as reminders, event information and other updates. This group texting service does not share or reveal any cell phone numbers. All text messages come from a central number that is given to each group. As a parent/guardian of a member of the program, you will receive the exact same text message that is sent to your teen.

I _____ (print parent/guardian name) give permission for my child to receive group text message updates related to their program.

By signing below, I am agreeing that I, as the parent/guardian, and my teen will use the group texting service appropriately. I understand any inappropriate use of the group text messaging service will cause a user to be removed from the group texting list.

Parent/Guardian Signature: _____ Date: _____

Minor Signature: _____ Date: _____

This form is valid for either one sports season or one program year (whichever is applicable) and will expire on: 7/1/2019 (date).

**Copies of this form will be kept with the group/ministry leader and their supervisor*

Applications for the 2019-2020 year are accepted March 25-June 28, 2019.

*****Please email completed application, essay, and verification of safe environment training to Haley Yeager at call@dphx.org.***

Or mail to:

**Diocese of Phoenix
Attn: Catholic Academy for Life Leadership
400 E. Monroe St, Phoenix, Arizona 85004**