



**Mail/return to:**

**Diocese of Little Rock  
2500 N. Tyler St.  
P.O. Box 7565  
Little Rock, AR 72217**

**(501) 664-0340  
Fax (501) 664-0119  
Web site: [www.dolr.org](http://www.dolr.org)  
[mgallagher@dolr.org](mailto:mgallagher@dolr.org)**

## **DIRECTIONS**

**St. Joseph Center of Arkansas, Inc.  
6800 Camp Robinson Road  
North Little Rock, AR 72118**

### **From I-40 West:**

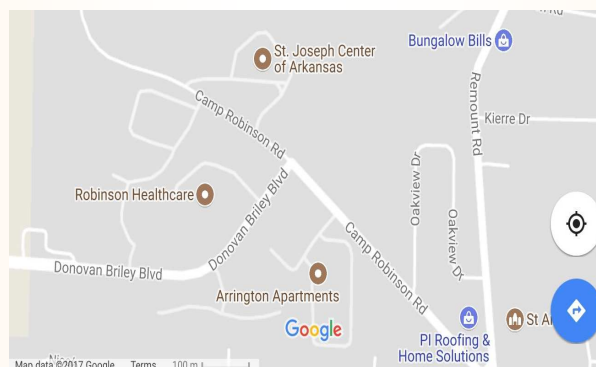
- Head West on I-40
- Keep R at the fork to stay on I-40
- Exit 152A toward AR-176E/Camp Robinson Rd
- Turn left onto W 33rd Street
- Turn right onto Schaer Street
- Turn right onto Camp Robinson Rd

### **From I-40 East:**

- Head East on I-40
- Take Exit 150 toward Burns Park
- Turn left to Military Drive
- Turn right onto Donovan Briley Road
- Turn left onto Camp Robinson Road

### **From I-30 North:**

- Keep left, follow signs for I-40 W/Fort Smith/  
US65N and merge to I-40 W
- Turn left onto W 33rd Street
- Turn right onto Schaer Street
- Turn right onto Camp Robinson Road



# **WHAT IS YOUR VOCATION?**



**“COME AND SEE”**

**DIOCESAN PRIESTHOOD  
DISCERNMENT RETREAT**

**This retreat is sponsored by the  
Vocations Office and Seminarians of the  
Diocese of Little Rock.**

**If you have questions or want additional  
information, please contact us at:**

**Diocese of the Little Rock  
Vocations Office  
2500 N. Tyler St./ P.O. Box 7565  
Little Rock, AR. 72217**

**DECEMBER 29-30, 2017  
ST. JOSEPH CENTER OF ARKANSAS**

# Come and See

Come and join us for the “Come and See” Diocesan Priesthood Discernment Retreat led by the seminarians of the Diocese of Little Rock. The Discernment Retreat is an opportunity for prayer, fellowship, and spiritual growth. This retreat is open to men ages 16 and older.

Deadline to register is  
December 22, 2017.



To register, please complete the form, fax, email or contact us by calling the Vocations Office at (501) 664-0340 Ext. 337.

Transportation can be arranged for you if needed. Accommodations will be arranged for you at St. Joseph Center. However, please be sure to bring your own personal items including: toiletries, such as toothbrush, shampoo, deodorant and etc. This is casual attire; however, khaki pants, collared/polo shirt and dress shoes would be appropriate for Mass.

Meals will be provided beginning with dinner on Friday, December 29 through lunch on Saturday, December 30th. Snacks will also be provided.

The retreat is rooted in prayer and consists of talks, discussion panels, vocational videos, and personal testimonies by priests and seminarians. The goal is to provide the participant with an opportunity to explore more deeply a possible calling to the diocesan priesthood. Join us as we address the following topics:

- What is a Vocation?
- Prayer and its importance in my life
- Discernment: What does God want for me?
- The Pillars of Formation and life in the seminary
- The priest today



**IMPORTANT:** Items to bring with you on the day of the retreat include the following:

- Parental Consent/Liability Waiver Form - signed
- Medical Consent Form – signed
- Code of Behavior Form-signed
- Toiletries- (toothbrush, shampoo, deodorant, and etc.)

## **Time/Date:**

Registration begins at noon on Friday, December 29th and ends at 1:00 p.m. on Saturday, December 30th.

**Place:** St. Joseph Center of Arkansas, Inc.,  
6800 Camp Robinson Road  
North Little Rock, AR 72118



If you are interested, please fill out the below form and send it back to us no later than December 22, 2017 by mail, fax or email [mgallagher@dolr.org](mailto:mgallagher@dolr.org)

**Sign up for: “Come and See” Diocesan Priesthood**

**Discernment Retreat Price: FREE**

FIRST NAME MI LAST NAME

AGE / GRADE

ADDRESS

CITY STATE ZIP

EMAIL

PARISH

HOME PHONE NUMBER

CELL PHONE NUMBER

Diocese of Little Rock Vocations Office

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Web site: [www.dolr.org](http://www.dolr.org)

## Diocese of Little Rock / Vocations Office

### PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_ ☐ Cell Phone ☐ Pager ☐ Work

Parish: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

### CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name) \_\_\_\_\_, to participate in the **Come and See Diocesan Discernment Retreat**, to be held on December 29-30, 2017 at **St. Joseph's Center of Arkansas, Inc., 6800 Camp Robinson Rd, North Little Rock, AR 72118.**

I agree on behalf of myself, my child's other parent if known, or living (name of parent) \_\_\_\_\_. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**  
(Participant 18 years of age or older must sign own consent)

\_\_\_\_\_  
**Date**

# Office of Vocations

## Code of Behavior

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character, which has for so many years been the trademark of Office of Vocations within this diocese.

### CODE OF BEHAVIOR:

1. Participants are expected to attend all sessions of this activity. Name badges must be worn at all times.
2. Dress code: casual - no inappropriate t-shirts. No underwear showing from jeans/pants being worn too low.. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the activity site unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature, which would offend any person, is unacceptable.

Infractions of these rules will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the activity. One's parent/guardian is responsible for removing participant from the event site.

**I understand and accept this code of behavior.**

\_\_\_\_\_  
(Participant's signature)

\_\_\_\_\_  
(Date)

***I consent to the conditions stated above on participation in this event.***

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Date)

Phone number (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Contact person if parent/guardian are unavailable

\_\_\_\_\_  
(Phone #)

## MEDICAL CONSENT

### Medical Matters

I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

### Emergency Medical Treatment

In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Manner of Administration: \_\_\_\_\_

\_\_\_\_\_ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription, to be administered to my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

### MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son has: \_\_\_\_\_

Has had an episode of the following or has been diagnosed ☐ Seizures ☐ Asthma ☐ Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) \_\_\_\_\_

Has had medical surgery within the last six months: ☐ Yes ☐ No Still under Doctor's care? Yes ☐ No

Has a medically prescribed diet: \_\_\_\_\_

The following physical limitations: \_\_\_\_\_

Immunizations current and up to date: ☐ Yes ☐ No Date of last tetanus/diphtheria immunization \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

### INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

☐ No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

\_\_\_\_\_  
Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Participant 18 years of age or older must sign own consent)

\_\_\_\_\_  
Date