

**Diocese of Little Rock
Catholic Youth Ministry
Catholic Campus Ministry**

**2500 North Tyler Street • P.O. Box 7565 • Little Rock, Arkansas 72217
(501) 664-0340**

January 11, 2026

To Youth Advisory Council Applicants:

Please be sure to read the instructions on the application thoroughly before you fill out the forms. Remember that your personal application and your recommendations are the only means by which our review committee will know you. **All forms are due by Wednesday, February 18th.**

Please answer the questions thoughtfully and be sure to visit with the adults you have asked to provide a reference for you to explain to them why you are interested in serving on YAC. This will assist those adults to better answer the questions that we ask of them in filling out your recommendation. **All forms are due by Wednesday, February 18th (yes, we repeated ourselves on purpose).**

Serving on YAC involves traveling to Little Rock at least once each month. Our meetings are held on Sundays from 11:00am – 3:00pm. We meet at St. John’s Catholic Center in Little Rock. Members of YAC are responsible for preparing prayer services, skits, and producing videos to help promote our diocesan programming. If you have any skills in these areas, you should include this information in your application. Incomplete applications will NOT BE CONSIDERED. You need two adult references, a pastor reference, youth director form, and your parent acknowledgment.

YAC members are required to attend all our diocesan events. They also are expected to continue their leadership roles in their youth groups at their own parishes. YAC is not a youth group; it is a leadership group. One of the main responsibilities for YAC members is to serve as “ambassadors” for our diocese to their own youth programs. We also think it is especially important for YAC members to attend a Search retreat as soon as possible after they begin their term on YAC.

All applicants must be available for a personal interview. Interviews will be scheduled for Sunday, March 15th beginning at 10:00 am. If you are selected for an interview, you will be notified with further details. You must be available to attend our “Endurance” Catholic State Youth Convention over the dates of April 10 - 12, 2026. You will be introduced at that time as well as installed as part of our 2025/2026 leadership team. If you have questions, feel free to contact Josh at jsalman@dolr.org Trish at tgentry@dolr.org. We look forward to receiving your application.

Peace,

Josh Salman
Trish Gentry
Office of Catholic Youth and Campus Ministry

APPLICATION FORM FOR DIOCESAN YOUTH & ADULT ADVISORY COUNCILS

ATTACH
A
CURRENT
PHOTOGRAPH
HERE!

Applications without
photographs
will not be considered.

DIRECTIONS

1. Applicants must fill out Form YAC-1 and submit a photograph with application.
2. Parent / guardian must submit Form YAC-2.
3. Pastor must submit Form YAC-3.
4. One adult parish leader must submit Form YAC-4.
5. One other adult must submit Form YAC-4.

Return by Wednesday, February 18 to:

Youth Director

P.O.Box 7565

Little Rock, AR 72217-7565

Email to: tgentry@dolr.org or Fax to: 501-664-0119

Incomplete applications will not be considered.

Applicant's current grade level _____ Applicant's Diocesan Deanery _____

Name of Applicant: _____ Applicant's Email: _____

Parish applicant attends: _____

Applicant's Date of Birth _____ Applicant's Cell Phone (____) _____

Applicant's Address: _____
Street Address _____ City _____ Zip Code _____

Parent(s)/Guardian(s) Name: _____

Home/Cell Phone (____) _____

of years applicant involved in youth ministry: _____

Describe church related activities you are involved in and how you are using your God given gifts/talents in these:

What other organizations are you active in?

How do you practice your faith in your daily life? Be specific: _____

What do you have to offer to this council?

I have read Policy Forms 4 and 5; and I understand the necessary time and travel commitments.

Applicant's signature _____

**YOUTH ADVISORY COUNCIL
PARENT (GUARDIAN) Form**

Applicant's Name: _____ Parish _____

Directions

Parent(s) / Guardian(s) should fill out and **return this form by Wednesday, February 18** directly to:

**Youth Director
P.O. Box 7565
Little Rock, AR 72217-7565**

Youth Ministry in the Diocese of Little Rock seeks to draw young people to responsible participation in the life, mission and work of the faith community. Appointed by the Bishop, the Youth & Adult Advisory Councils assist the Director of Youth Ministry and have the purpose and duty of reviewing and advising on all matters pertaining to the needs of youth in grades 7 - 12 and their adult ministers for the Diocese of Little Rock.

The goals of the councils are to:

- ❖ further Christian growth through a balanced program centered on the seven components of youth ministry
- ❖ function as a community of prayer
- ❖ support youth ministry efforts within the Diocese
- ❖ make the needs of the youth known
- ❖ promote youth participation on the parish level
- ❖ give advice to the Director of Youth Ministry
- ❖ plan and promote youth participation on the Diocesan level

Qualifications:

- ◆ A youth member must be a Catholic teenager in the **11th or 12th** grade during the term of service.
- ◆ He/She **MUST** be active in his/her parish youth program and exemplify in his/her lifestyle what it means to be a follower of Jesus Christ.

Term of service:

Youth - 1 year and may be renewed yearly.

Expectations:

Members are expected to attend all meetings and Diocesan youth events (approximately 12 per year)

Parent/Guardian Pledge

I understand the importance of my child's involvement as a member of the Diocesan Youth Advisory Council, and I will support him/her in this endeavor. Furthermore, I understand that it is my responsibility to make travel arrangements for my child to and from meetings.

I plan to assist and/or support my child in completing his/her term on the Youth Advisory Council by: _____

An example of my child's leadership ability is: _____

Parent(s) / Guardian(s) Signature _____

Parent(s) / Guardian(s) Name (please print) _____

FORM -- YAC-2

2 of 4 Forms that must be submitted for a complete application

Due by Wednesday, February 18

Email to: tgentry@dolr.org or Fax to: 501-664-0119

PASTOR'S FORM

Youth & Adult Advisory Committee

Applicant's Name: _____ Parish _____

**Pastor should fill out and return this form by Wednesday, February 18
directly to: tgentry@dolr.org or fax 501-664-0119**
Office of Youth Ministry
P.O. Box 7565
Little Rock, AR 72217-7565

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The goals of the councils are to:

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- ◆ Functions as a community of prayer.
- ◆ Support youth ministry efforts within the Diocese.
- ◆ Give advice to the Director of Youth Ministry.
- ◆ Plan and/or promote youth participation on the Diocesan level.
- ◆ Promote youth participation at the parish level.
- ◆ Make the needs of the youth known.

Qualifications:

- ◆ A youth member must be a Catholic teenager in the 11th or 12th grade during term of service.
- ◆ He/she must be active in his/her parish youth program and exemplify in his/her lifestyle what it means to be a follower of Jesus Christ.
- ◆ An Adult member must be a Catholic adult involved in the life of their parish, and particularly the youth life of the parish.

Term of Service:

Youth: 1 year and may be renewed yearly.

Adult: 2 years and may be renewed.

Expectations:

Members are expected to attend all meetings and Diocesan youth events (approximately 12 per year).

Please indicate why you would or would not recommend this applicant

Pastor, Associate Pastor or Pastoral Administrator's Signature

FORM -- YAC-3

3 of 4 Forms that must be submitted for a complete application
Due by Wednesday, February 18

Email to: tgentry@dolr.org or Fax to: 501-664-0119
PARISH YOUTH DIRECTOR
REFERENCE FOR YOUTH ADVISORY COUNCIL

Name of Applicant: _____

Directions

Please give one copy of this form to your Youth Director/Leader (not pastor) and an additional copy to one other adult who can attest to your qualities and ask them to fill out and return this form.

Adult: you are being asked to evaluate this applicant's suitability for participation. Your honest and candid response will be greatly appreciated and treated confidentially. When you have completed both sides of this form, please return the completed form directly to:

Office of Youth Ministry
P.O. Box 7565
Little Rock, AR 72217-7565
EMAIL: tgentry@dolr.org / FAX: (501) 664-0119

The above-named person is applying to become a member of the Youth Advisory Council for the Office of Youth Ministry for the Diocese of Little Rock. Those on the advisory councils commit to living as Christian role models.

The goals of the councils are to:

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- ❖ function as a community of prayer and support youth ministry efforts within the Diocese
- ❖ give advice to the Director of Youth Ministry
- ❖ plan and/or promote youth participation on the Diocesan level
- ❖ promote youth participation on the parish level
- ❖ make the needs of the youth known

Please reflect upon the following qualities of this candidate and use specific examples while you complete this form:

Emotional / physical health	Punctuality	Ability to manage stress
Enthusiasm	Maturity	Rapport with teens and adults
Cooperation	Compassion	Listening skills
Dependability	Ability to share feelings	Time management

Please describe the level of involvement and leadership ability of this applicant in your parish's youth program:

How does this applicant practice and/or live his/her faith?

Applicant's gifts/talents and how he/she uses these gifts/talents: _____

Give at least one of the applicant's shortcomings: _____

Please share any additional information or insights, which you feel may be relevant: _____

Do you feel like the applicant is aware of the amount of time and level of commitment required to serve on the Youth Advisory Council? Yes _____ No _____ Please explain: _____

PLEASE PRINT:

Name: _____

Parish: _____

Parish Location: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone #: _____

Signature of Parish Youth Director/Leader

After completing both pages of this form do not return it to the applicant,

Please return the form to:

Office of Youth Ministry

Diocese of Little Rock

P.O. Box 7565, Little Rock, AR 72217-7565

Fax: (501) 664-0119

RETURN FORM BY WEDNESDAY, FEBRUARY 18

Email to: tgentry@dolr.org or Fax to: 501-664-0119

4 of 4 Forms that must be submitted for a complete application

FORM -- YAC-4 (Page 2)