



Dakotas Youth Annual Conference (Dak YAC)

Dakotas Academy for Youth Ministry (Dak AYM)

Dear Youth and Youth Leaders,

The Conference Council of Youth Ministry (CCYM), is working diligently to organize another successful Dak YAC/Dak AYM. The Dakotas Youth Annual Conference (Dak YAC) will be in session from Sunday, May 31-Tuesday, June 2, 2009, at Storm Mountain Center, 23740 Storm Mt Rd, Rapid City. Dak YAC is a place where youth of the Annual Conference come together to learn more about the United Methodist Church, voice opinions, make decisions, and choose representatives. The primary work of the Dak YAC includes but is not limited to: budget, election of the Conference Council of Youth Ministry, resolutions, nominating and selecting the Youth Worker of the Year, inducting members into the Youth Worker Hall of Fame and making other decisions regarding the youth ministry of the Dakotas Annual Conference. Dak YAC provides opportunities for learning; this year we will center our learning on eliminating poverty, one of the 4 areas of focus of the United Methodist Church. Dak YAC also exists to develop spiritual leadership for the church of today and tomorrow through worship, leadership, and learning. Though Dak YAC is primarily a business meeting, we will also enjoy an ice cream social and a campfire fun time.

Each church in the Dakotas may send 2 voting delegates and at least 1 alternate. It is up to each individual church how they select their delegates. This event is for Senior High youth in 9th - 13th grades. Cost per delegate is \$100 which includes meals and accommodations at Storm Mountain. You need to bring your own pillow, sleeping bag or sheets and blanket, and towels/toiletries. To register your delegation, go to www.dakoyouth.com and print the registration forms on the Dak YAC page.

Simultaneously, the adult leaders will have the opportunity to engage in fellowship and learning through the Dakotas Academy for Youth Ministry. We are privileged to have as our teacher, Marcia Shafer. The cost for adults is \$100 for double room/\$125 single room; registration materials at www.dakoyouth.com. You will also be a part of the worship, teaching and fellowship events of the Dak YAC.

We are excited as this new event continues to grow and improve. Join us as we engage in business and training. Enclosed you will find registration materials and schedules. If you have any questions, you may email: brittonumc@venturecomm.net or call 1-605-448-2458.

In Ministry Together,
Kris Mutzenberger, Conference Youth Coordinator

Dak YAC info Sheet

Cost: \$100 per delegate

Who: Sr. High Youth in grades 9-13 who have been selected to represent their church (2 voting delegates and at least 1 alternate)

When: Sunday, May 31, 2009, (6-7pm registration) through Tuesday, June 2, 2009 (closing worship concludes at approximately 11:15am). Please eat dinner before you arrive on May 31.

Where: Storm Mountain Center, United Methodist Church Camp, 23740 Storm Mt Rd, Rapid City, SD

How: To register use the forms provided and follow the instructions. Forms are also available at www.dakyouth.com

Registration Deadline: postmarked by May 20

Schedule: (subject to change)

Sunday, May 31

| | |
|---------|--|
| 6-7pm | Registration |
| 7:00pm | Opening Session- (including introduction of CCYM candidates) |
| 8:45pm | Opening Worship |
| 9:30pm | Ice Cream Social |
| 11:00pm | Lights out |

Monday, June 1

| | |
|---------|---|
| 8:00am | Breakfast |
| 8:30am | Gathering Worship |
| 9:00am | Plenary Session with break (Elections begin) |
| Noon | Lunch |
| 12:45pm | Breakout Session |
| 1:45pm | Plenary Session |
| 3:30pm | Breakout Session |
| 4:30pm | Plenary Session (Prairie Hills District Election) |
| 5:30pm | Supper |
| 6:05pm | Plenary Session |
| 8:00pm | Breakout Session |
| 9:00pm | Campfire worship and fun |
| 11:00pm | Lights out |

Tuesday, June 2

| | |
|---------|---|
| 8:00am | pack, breakfast |
| 8:30am | Plenary Session |
| 10:30am | Closing Worship with installation of new CCYM |
| 11:30am | Goodbye heading home |

Accommodations: Storm Mountain Center, Lodge and Cabins. Please bring your pillow, sleeping bag or sheets/blankets and your own towels/toiletries.

If traveling west on I-90 for your arrival:

Take exit #61 which is Hwy 79 & 16A, following the signs towards Mt Rushmore. (For your information using this exit you will skirt Rapid City completely). You will come to a stop light (the third or fourth light) which is the junction of Hwy 16, turn left onto it (the Rushmore Waterslide will be on your left). Traveling approximately 8 miles you will come to two exits to the left for Rockerville. This is your clue you are very close. Go another ½ mile and on your right will be a right turn lane for Silver Mt Rd, turn right onto it. Traveling another approximate 1/3 mile you will see a large brown sign for Storm Mountain Center. Turn right onto Storm Mountain Rd. Travel on this road until you get to our parking lot which is 1.7 miles down the road.

If traveling east on I-90 for your arrival:

Take exit #57 which is Hwy 16, following the signs thru Rapid City. You will be coming out of Rapid City towards the south. Following the above directions from the directions leading you past Rockerville.

Be aware of traffic that will be coming out from the Center upon your arrival as another group will be in the process of leaving at the time of your arrival.

Wanted: CCYM Applications

Conference Council on Youth Ministry (CCYM) is a group of 20 youth and 10 adults who serve Jesus Christ through service to the youth and youth workers of the Dakotas Conference of The United Methodist Church. Each year at the Dakotas Youth Annual Conference (known as Dak-YAC) a new council is selected to work together for one year. Youth in grades 10-12 may apply to be a part of our leadership team.

There are two ways for youth to be selected to serve on CCYM: appointment by District Superintendent or election by youth at Dak-YAC.

Steps for Election or Appointment to the CCYM

1. Complete the [Online Application Form](#) at www.dakyouth.com.
2. Have a pastor or youth worker complete an [Online Letter of Recommendation](#) using the [Recommendation Guidelines](#).
3. Complete the application and email a picture of yourself to applications@dakyouth.com by **May 1, 2009**.
4. It is the applicant's responsibility to obtain a letter of recommendation and request its completion by the deadline.
5. Those applicants not appointed by their District Superintendent are automatically nominated for election at [Dak-YAC](#).
6. We will contact you by the email address you provide to let you know if you will be part of the election process at Dak-YAC.
7. Applicants not appointed must be at Dak-YAC to be elected to the CCYM.

| |
|---|
| Applicants must meet and be able to fulfill the expectations on the back of this page. Please review before applying. |
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If elected or appointed, the CCYM youth are expected to stay for Summer Meeting which begins immediately after the conclusion of Dak YAC and runs through the Dakotas Annual Conference, Saturday afternoon, June 6. The expenses for this are covered by the CCYM.

Requirements and Expectations for service to the Dakotas Conference Council on Youth Ministries

Description of Service

“To Offer Christ to the Youth of the Dakotas Conference.”

- To serve the youth of the Conference.
- By showing and teaching Christian leadership, in hope of making the churches of tomorrow.
- To serve as a communication link between youth, the Annual Conference, and the General Church.
- Having an attitude of servant hood while leading the youth of the Dakotas.
- CCYM exists to build up the youth ministry of the local churches of the Dakotas Conference.

Church Involvement

- CCYM membership does not excuse CCYM members from local church involvement, but is an extension of local church ministry.
- Members of CCYM are expected to regularly attend a local United Methodist Church youth group, Sunday school, and worship. (It is also recommended that CCYM members hold a leadership role in their local church.) *“You cannot feed others without being fed.”*
- Post election, accountability and membership information will be handed out to all CCYM members. It is recommended that CCYM members hold one another accountable for their actions and involvement in and out of church.

CCYM Involvement

- Service on CCYM requires the prayers, presence, gifts, service, and witness of each person.
- It is highly recommended that CCYM members attend a minimum of 3 out of the 4 official CCYM events and both of the regular business meetings—however one excused absence is possible. (The total commitment equals approximately 35 days spread throughout the year.)
- Priority of attendance for members begins with events for which members sit on specific planning committees.
- Annual events sponsored by the CCYM: Youth Annual Conference (Dak-YAC), The Journey (Senior High event), The Crossing (Middle School event), Leadership Training Camp (L.T.C.).
- Two CCYM meetings are held each year. Additional committee or task forces may be assigned. Such meetings are in addition to regular meetings.
- A minimum of one district event per year is held. CCYM is expected to participate in and to lead at these events; however each district should have its own attendance guideline.

Dak AYM (Academy for Youth Ministry) info Sheet

Adult Cost: \$100 for double room/\$125 single room

Who: Any adults working with youth

When: Sunday, May 31, 2009, (6-7pm registration) through Tuesday, June 2, 2009 (closing worship concludes at approximately 11:15am). Please eat dinner before arriving on May 31.

Where: Storm Mountain United Methodist Church Camp, Rapid City, SD

How: To register use the forms provided and follow the instructions. Forms are also available at www.dakyouth.com

Registration Deadline: postmarked by May 20

Schedule: (subject to change)

Sunday, May 31

6-7pm Registration
7:00pm Opening Session-
8:45pm Opening Worship
9:30pm Ice Cream Social
11:00pm Lights out

Monday, June 1

8:00am Breakfast
8:30am Gathering Worship
9:00am Class Session with break
Noon Lunch
12:45pm BREAKOUT SESSION
1:45pm Class Session with Break
3:30pm BREAKOUT SESSION
4:30pm Class Session
5:30pm Supper
6:05pm Class Session
8:00pm BREAKOUT SESSION
9:00pm Campfire worship and fun
11:00pm Lights out

Tuesday, June 2

8:00am pack, breakfast
8:30am Class Session
10:30am Closing Worship with installation of new CCYM
11:30am Goodbye heading home

Accommodations: Storm Mountain Camp Lodge and Cabins. Please bring your pillow, sleeping bag or sheets/blankets and your own towels.

Classes: Sponsored by the General Board of Discipleship, classes will focus on the John Wesley way with reason, tradition and scripture. United Methodist are unique and special. How do we share this with our youth?

Speaker Bio: Rev. Marcia Shafer. Received her M.Div from the Iliff School of Theology. She has served in the Rocky Mountain Conference in both parish and youth ministry. She is certified by the Board of Discipleship as a trainer for youth ministry. Marcia has coordinated Youth Quest, an event for middle school youth for the last 16 years.

Adult Volunteer Registration Form

Please use blue or black ink to complete. All information must be complete before the background check can be submitted.

Event Name _____ Event Dates _____

Name _____ T-Shirt Size (Adult sizes only)(not all events provide T-shirts) _____
First Name Middle Initial Last Name

Address _____ Male Female

City, State & Zip Code _____

Phone _____ E-mail _____

Occupation _____

Home Church Name _____ City _____ State _____

Authorization Form

During the application process and at any time during the tenure of my Volunteer Status with the Dakotas Annual Conference of the United Methodist Church, I hereby authorize ChoicePoint Services, Inc., on behalf of the Dakotas Annual Conference of the United Methodist Church to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Dakotas Conference of the United Methodist Church shall search the following.

1. Social Security Screen
2. National Criminal Search
3. Motor Vehicle Record Search

Applicant Volunteer Signature * _____ Date _____

Social Security Number * _____ / _____ / _____ Date of Birth* _____ / _____ / _____

***Required Fields**

**To complete your registration:
Fill out the Health and Release form on the reverse side, and mail to:
Dakotas Conference Office
Attn: Camping/Youth Ministry
P.O. Box 460
Mitchell SD 57301**

Dakotas Conference Council of Youth Ministry of the United Methodist Church
Adult Volunteer Health and Release form

Participants Name _____

Participants Insurance company _____

Policy # _____

Family Physician _____

Physician's Phone # _____

Dakotas United Methodist Camps provide a secondary accident insurance policy for all campers.

Health History

Please indicate which of the following conditions you have/or have had. Give dates if appropriate.

| Medical Conditions | Allergies |
|--------------------------------------|------------------------------|
| Ear infections: | Insect Stings: Treatment: |
| Seizures: | Medications: |
| Diabetes: | Asthma: |
| Fainting: | Food: |
| | Other: |
| Operations/Serious Injuries | |
| Chronic/reoccurring Illness | |
| Tetanus: (give date of last booster) | |
| Other pertinent Health Information | |

Other Information

Are there any activities which need to be monitored/avoided? _____

Are there routine treatments or medication required during the event? Yes No

If yes, please specify. _____

Emergency Contact: _____ Phone: _____
Home Phone Work Phone Cell Phone

RELEASE

I authorize the use of my photographs by the youth ministry. The conference youth ministries may contact me by email. In case of emergency and I am unable to respond, I hereby give the event staff permission to seek emergency treatment for me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Conference Council of Youth Ministry and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

Signature _____ Date ____ / ____ / ____

- I do not want photographs of me to be used by the youth ministry.
- I do not want to be contacted by the conference youth ministries by email.

We accept Mastercard, Discover, or Visa Payments

Mastercard Discover Visa
 Amount to be applied to your credit card \$ _____
 Card # _____ Expiration Date: _____
 Signature: _____

| | |
|---------------------------------|------------------------|
| Office Use Only: | Date Registered: _____ |
| | Event No: _____ |
| | Amount Enclosed: _____ |

Youth Registration Form

Event Name _____ Event Dates _____

Name _____ T-Shirt Size (Adult sizes only)(not all events provide T-shirts) _____
First Name Middle Initial Last Name

Address _____ Male Female

City, State & Zip Code _____

Parent/guardian names _____ Birth date ___/___/___

Address if different from Camper _____

Phone _____
Home Phone Work Phone Cell Phone

E-mail _____ High School Graduation Year _____

Emergency Contact if parent/guardian cannot be reached _____
Relationship to youth _____

Emergency Contact number(s) _____
Home Phone Work Phone Cell Phone

Church name _____ City _____ State _____

Name of Adult Chaperone(s) _____

Event Covenant/Code of Conduct

As a participant in Dakotas Annual Conference Youth Events, I covenant with the event staff and all event participants.

1. I will turn in my keys and/or cell phone at Registration for the duration of the event. (if required)
2. I will not use or possess alcohol, illegal drugs, tobacco, or weapons at the event. Failure to comply with this expectation will result in my dismissal from the event and notification of the authorities.
3. I will wear appropriate clothing which respects me and others: specifically no cleavage, no butts, no bellies, no visible underwear, and no holes above the knees.
4. I will use appropriate language, and not words like @!#\$, %^&, @#-\$%; ^&*().
5. No public or private displays of physical affection.
6. I will remain within the physical boundaries of the event, and not enter the sleeping area of the opposite gender. Boundaries will be established at each event.
7. I will participate physically, intellectually, spiritually and emotionally, and have a great time in Christian fellowship, worship, and growth at this event.
8. The breaking of this covenant will be dealt with accordingly.

Signature of Youth Participant: _____ Date ___/___/___

I have read the above covenant my youth has signed and give permission for my youth to attend this event.

Signature of Parent or Guardian: _____ Date ___/___/___

To Complete your registration fill out the Health and Release form on the reverse side, and either turn in to your youth leader or mail to:

**Dakotas Conference Office;
Attn: Camping/Youth Ministry
P.O. Box 460
Mitchell SD 57301**

Dakotas Conference Council of Youth Ministry of the United Methodist Church

Health and Release Form

Participant's Name _____

Social Security # (for hospital use only) _____

Participant's Insurance company _____

Policy # _____

Family Physician _____

Physician's Phone # _____

Dakotas United Methodist Camps provide a secondary accident insurance policy for all campers.

Health History

Please indicate which of the following conditions the participant has/or has had. Give dates if appropriate.

| Medical Conditions | Allergies |
|--------------------------------------|------------------------------|
| Ear infections: | Insect Stings: Treatment: |
| Seizures: | Medications: |
| Diabetes: | Asthma: |
| Fainting: | Food: |
| | Other: |
| Operations/Serious Injuries | |
| Chronic/reoccurring Illness | |
| Tetanus: (give date of last booster) | |
| Other pertinent Health Information | |

Other Information

Do you give permission for your youth to take over the counter medication if necessary? Yes No

Are there any activities which need to be monitored/avoided? _____

Are there routine treatments or medication required during the event? Yes No

If yes, please specify. _____

Release

I am a Parent or Legal Guardian of the above named youth. I give permission for my son/daughter to participate in activities sponsored by the Conference Council of Youth Ministry at the event. I understand that event staff and their volunteer youth sponsors will accompany my son/daughter at the event. I understand that my son/daughter may travel in the provided transportation or in the private vehicles of youth sponsors once arriving at the event. I authorize the use of photographs of my youth by the youth ministry. The conference youth ministries may contact my youth/family by email. In case of emergency and I cannot be reached, I hereby give the event staff permission to act on my behalf in seeking emergency treatment for my son/daughter in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Conference Council of Youth Ministry and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

Parent/Guardian Signature _____ Date ____/____/____

- I do not want photographs of my child to be used by the youth ministry.
- I do not want my youth/family to be contacted by the conference youth ministries by email.
- I do not want my child's name and address shared with others on an address sheet.

We accept Mastercard, Discover, or Visa Payments

Mastercard Discover Visa
 Amount to be applied to your credit card \$ _____
 Card # _____ Expiration Date: _____
 Signature: _____

**Office
Use
Only:**

Date Registered: _____
 Event No: _____
 Amount Enclosed: _____