

IGNITE is a dynamic youth experience that engages Grades 6-12. IGNITE is a relationship-based experience. It focuses on cultivating personal relationships with peers, while seeking to 'ignite' an encounter with the Living God. These good bonds help form the beginning of a life-long personal relationship with our Lord and Savior, Jesus Christ, and those who also follow Him.

IGNITE provides an opportunity for our young people to gather in a recreational social setting, while also providing essential time in Adoration before Jesus in the Most Holy Eucharist, where they will learn how to pray.

IGNITE reminds us that a personal relationship with Jesus is the vital spark for many good things such as: making good wholesome decisions, being a committed and joyful Christian disciple in the world, remaining faithfully connected to Jesus at Holy Mass and the Sacraments throughout life, being a light amid darkness, and for fulfilling the Lords own desire that we set the world on fire with His love.

IGNITE is led by Fr. Justin Miller and a team of area adult youth ministers who will provide a ministry of presence and support. They rely on the fire of the Holy Spirit and the help of our patron and champion of youth, Pope St. John Paul II.

When: Every 1st Friday of the month @ 6:30 p.m. - 9:00 p.m.

Where: We will meet at Holy Cross School Gym.

*We will conclude in Holy Cross Church.

Opening Session 2025-26: October 3, 2025

Rev. Fr. Justin Miller Fr. Justin. Miller@dor.org

Cindy Lammes, Youth Minister Cindy.Lammes@dor.org

"I have called you friends" (Jn. 15:15)





Student Name_			
Age	_ School	Grade	
Student's Emai	l:		
Parent/Guardian:		Relationship to Child:	
Primary Phone #		Secondary Phone #	
Parent/Guardia	an Email:		
Parish:			
<u>Health Information</u>			
Health Insurance	ce Co	Policy #	
Physician		Phone #	
Allergies			
	<u>P</u>	ERMISSION AND RELEASE FORM	
	•	or guardians of	
•		on in IGNITE, Youth Ministry related activities at Holy Cross seen accident or illness, we hereby grant permission to a staff	
member or rep	resentative to	act as an agent and authorize medical examination, treatment,	
•		first aid for minor problems. I understand the risk associated	
		up activities and assume full responsibility for any expenses	
incurred due to unforeseen personal injury. I also give permission for photographs of my child/ren to be taken and used for illustrating church newsletter or bulletin publications.			
Signature of	taken ana usec	to mustrating charen newstetter of bunctin publications.	
Parent/Guardia	an	Date	