



## Youth Ministry Leadership Team Application Teens (age 17 and under)

### **Personal Information: Please Print Legibly**

Am I currently enrolled in the Confirmation Program?  Yes  No Which year of Confirmation will I lead?  CI  CII

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

T Shirt Size:  S  M  L  XL  XXL  XXXL

Work Status:  Part-Time  Full-Time  Student  Other

Why do you want to be a part of the Youth Leadership Team? \_\_\_\_\_

Please describe one of your strengths and one of your weaknesses: \_\_\_\_\_

### **Emergency Contact Information: Please Print Legibly**

Father/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Information : \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### **Youth Ministry Skills**

Please Check all of the following Skills which you believe are gifts that you possess:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Praying With Youth  | <input type="checkbox"/> Event/Planning/Organization | <input type="checkbox"/> Relating to Teenagers                   | <input type="checkbox"/> Social Justice/Service Projects |
| <input type="checkbox"/> Leading Discussions | <input type="checkbox"/> Retreats/Special Events     | <input type="checkbox"/> Fundraising                             | <input type="checkbox"/> Developing Leadership Skills    |
| <input type="checkbox"/> Teaching the Faith  | <input type="checkbox"/> Hospitality                 | <input type="checkbox"/> Photography                             | <input type="checkbox"/> Leading Small Group Discussions |
| <input type="checkbox"/> Singing             | <input type="checkbox"/> Acting in Skits/Dramas      | <input type="checkbox"/> Musical Instrument (Please List): _____ |  |