

## Youth Ministry Board Application

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
First and Last mm/dd/yr

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Numbers (Please Specify): \_\_\_\_\_

School: \_\_\_\_\_ Year in School: \_\_\_\_\_ Do you text: Y or N

What areas of ministry are of special interest to you?

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What are your visions for the future of the youth at St Johns?

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Describe yourself in a few words.

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By signing the bottom of this page you verify that this application has been filled out to the best of your abilities. By signing this sheet you also verify that you will be involved with a minimum of 4 activities during a semester of Youth ministry. These include monthly meetings, planning activities, and attending planned activities.

Name: \_\_\_\_\_ Date: \_\_\_\_\_