



# CHURCH OF THE RESURRECTION

## Youth Leadership Team Application For 2020-2021 NEW MEMBER APPLICATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Applicant email address: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Parent email address: \_\_\_\_\_

(We use email for communication as well as Instagram, GroupMe, Twitter, and text messaging)

Name of Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent permission for you to receive and send text messages?    Yes    No

### **Leadership Experience:**

List school, parish, or other organizations in which you have held a leadership role.

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Describe your current involvement in all parish and youth ministry activities.

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What activities or ideas would you suggest for out upcoming year in youth ministry at Resurrection?

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Please list all extracurricular activities that you will be involved with this coming year. Please include your job schedule if you have one. If you plan to get a job this upcoming year please indicate that below as well.

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How do you plan to balance being on Youth Leadership Team with other activities that you are involved in?

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Please write a statement in the space below about why you would be a good choice to be a part of Youth Leadership Team.

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**Please carefully read the following:**

As a YLT member:

1. I understand that I will be expected to attend monthly meetings.
2. I understand that in addition to completing this application, I will be asked to attend an interview.
3. I have read the requirements and expectations of a YLT member and understand the contents.
4. I agree to serve as an active and dedicated member of the team.
5. I will support, participate in, and do extra work necessary to plan and execute youth ministry activities.
6. I agree to participate in a variety of parish and youth ministry activities throughout the year.
7. I further understand that I am to be an example of being Catholic in all I do.

Your signature below indicates that you understand and agree to all statements listed about.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent of YLT Applicant**

I have read the requirements and expectations of the Youth Leadership Team, and agree to support my child in this leadership role/ I hereby give my child permission to apply and, if selected, serve on the leadership team. I understand my child will be expected to attend meetings and to support and participate in youth ministry activities at Church of the Resurrection.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please complete application and return it to Callie in the youth ministry office by August 1, 2020. If you have any questions please contact Callie in the youth ministry office at (563) 556-7511 or email [dbq058ym@dbqarch.org](mailto:dbq058ym@dbqarch.org). Thank you for your interest in Youth Leadership Team.*