



Youth Leadership Team
Application For 2020-2021

RETURNING 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

Questions for Reflection:

In what ways have you grown deeper in your relationship with Jesus over the last year?

What would you say, is the most important thing we did on YLT last year?

Name 3 things you want to do again as YLT.

Name 3 things you want to do to improve YLT this year.

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.

Please carefully read the following:

As a YLT member:

1. I understand that I will be expected to attend monthly meetings.
2. I have read the requirements and expectations of a YLT member and understand the contents.
3. I agree to serve as an active and dedicated member of the team.
4. I will support, participate in, and do extra work necessary to plan and execute youth ministry activities.
5. I agree to participate in a variety of parish and youth ministry activities throughout the year.
6. 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. Thank you for your interest in Youth Leadership Team.

***Returning members are not expected to interview, but they absolutely could stop by just to say, "Hi!"*