



Youth Leadership Team Application For 2018-2019

Name: _____ Age: ____ Grade: ____ Birth Date: _____

Address: _____

Applicant email address: _____
(We use email for communication as well as GroupMe, Twitter and text messaging)

Cell Phone: _____
Parent permission for you to receive and send text messages? YES NO

School: _____ T-shirt size _____

Name of Parent/Guardian: _____

Parent email address: _____ Parent cell #: _____

Leadership Experience: List school, parish, or other organizations in which you have held a leadership role:

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

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

Please list all extracurricular activities that you will be involved with this coming year. Please include your job schedule if you have a job and if you don't, if you plan to get a job:

Please complete both sides of this application!

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

Please write a statement in the space below about why you would be a good choice to be on the Resurrection Youth Leadership Team. You may want to include leadership skills and other skills (e.g. artist, play a musical instrument, singer etc.) you have and any other information you like us to know about you.

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 I am expected to attend a team building and planning retreat in August with all YLT members.
3. I understand that in addition to completing this application, I will be asked to attend an interview.
4. I have read the requirements and expectations of YLT members and understand the contents.
5. I agree to serve as an active and dedicated member of the team.
6. I will support, participate in and do the extra work necessary to plan and execute youth ministry activities.
7. I agree to participate in a variety of parish and youth ministry activities throughout the year.
8. I understand that I am required to help in the planning of and attendance at the Confirmation Retreat in January.
9. 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 above.

Applicant's Signature: _____ **Date:** _____

Parent of YLT Applicant

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

Parent/Guardian Signature: _____ **Date:** _____

*Please complete application, and return it to Lugene in the youth ministry office by June 1, 2018
If you have any questions, please contact Lugene in the youth ministry office
at 556-7511 or email DBQ058YM@dbqarch.org
Thank you for your interest in the Youth Leadership Team at the Church of the Resurrection!*

Please complete both sides of this application!