



Application for Youth Leadership Council

Parker United Methodist Church

Name _____ Graduation Year _____

Address _____ City _____ Zip _____

Subdivision _____ Date of Birth _____

Male/Female (circle one) School _____ Grade _____

Home Phone _____ Student Cell _____

Name of Parent(s)/Guardians _____

Parent Cell Phone _____ Which Parent's Phone is this? _____

Parent/Guardian Email Address _____

Why do you want to be a part of the Youth Leadership Council?

What strengths do you feel you will bring to the team?

What previous/current leadership or team experience do you have? (not required..... I'm just curious.)

Are you available to meet once a month for a meeting prior to Youth Group? Yes ____ No ____

Would you be willing to help welcome and visit with new visitors during youth group, **even if** it means not sitting with your usual friends? Yes ____ No ____

Use the back to write a short paragraph about how you think you could be an effective leader of the youth group.