



CCYM YOUTH APPLICATION

FIRST NAME:	LAST NAME:	
ADDRESS:	CITY, STATE, ZIP:	
HOME PHONE:	CELL PHONE:	
HOME CHURCH:	DISTRICT:	
EMAIL:	GRADE:	

PLEASE SHARE WITH US YOUR LEADERSHIP SKILLS/ABILITIES AND EXPERIENCE:

PLEASE LIST YOUR CURRENT INVOLVEMENT IN EXTRA-CURRICULAR ACTIVITIES AT YOUR CHURCH/SCHOOL/COMMUNITY:

SPECIAL TALENTS (I.E. COMPUTER, PHOTOGRAPHY, ETC.)

ANSWER THE FOLLOWING QUESTIONS ON THE BACK OF THIS APPLICATION:

<input type="radio"/>	TESTIMONY	SHARE WITH US YOUR PERSONAL
<input type="radio"/>	ON THE CONFERENCE COUNCIL ON YOUTH MINISTRIES.	TELL US WHY YOU FEEL CALLED TO SERVE

(To be signed by pastor)

I recommend this person to serve on CCYM. He/She has been an active member of our church for _____ years, and I feel they have the necessary abilities and commitment level to be of value to CCYM

SIGNATURE: _____

DATE _____

PLEASE PRINT THE ABOVE NAME: _____

I realize that the CCYM meetings are held around the East Ohio Conference and are over night commitments. I understand that events are held on weekends and it will be expected of me to be in attendance. (To be signed by applicant AND parent)

SIGNATURE _____

DATE _____

PARENT SIGNATURE _____

DATE _____

PLEASE SHARE WITH US YOUR PERSONAL TESTIMONY

TELL US WHY YOU FEEL CALLED TO SERVE ON THE CONFERENCE COUNCIL ON YOUTH MINISTRIES.