

Application for Volunteer Youth in Ministry

Please complete all of the information below and return this application to Cathy Nelson.

Today's Date _____

Name _____

Birth date _____

Address _____ City _____ Zip _____

Home phone _____ Cell # _____

E-mail _____ Best time to contact you _____

How long have you attended St. Mark's? _____

What interests you about the ministry in which you wish to serve? _____

What experience or skills do you bring to this ministry? _____

References: Please list references as requested giving complete contact information

1. A teacher or counselor from your school

How long have you known this person? _____

Name _____ Position _____

Address _____ City _____ Zip _____

Telephone _____ Email _____

2. An adult family member other than a parent or sibling

How long have you known this person _____

Name _____ Relationship _____

Address _____ City _____ Zip _____

Telephone _____ Email _____

3. An adult member of the church, school or Diocese who has known you in a ministry setting.

How long have you known this person? _____

Name _____ Position _____

Address _____ City _____ Zip _____

Telephone _____ Email _____