

**09-10 CCYM STUDENT LEADERSHIP TEAM APPLICATION 09-10**

All Applications must be returned by May 1, 2009 by mail, fax (704-708-6140) or personal delivery to:

Christ Covenant Youth Ministry, 800 Fullwood Lane, Matthews, NC 28105 (Youth House)

Please indicate which leadership team you are applying to:

EQUIP       Timothy Project       Worship Team       C2       CREW

**Students Please Print Neatly**

(Name) First: \_\_\_\_\_ Last: \_\_\_\_\_ Goes by Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_( ) \_\_\_\_\_ Cell Phone: \_( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender (M/F): \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardian Names (both) \_\_\_\_\_

Parents phone numbers (h) \_\_\_\_\_ (c) \_\_\_\_\_

**Please answer questions on a separate sheet of paper: (submit responses with application)**

- 1) Please tell how you came to know Jesus Christ as your Lord and Savior.
- 2) Describe your present relationship with Jesus Christ.
- 3) Describe what you hope the Lord will do in and through you by serving on this leadership team.
- 4) Why do you want to be on this particular leadership team?

Are you a member of Christ Covenant Church? \_\_\_\_\_ Describe your current involvement with CCYM. \_\_\_\_\_

In the last year have you received any form of professional counseling? \_\_\_\_\_ (if yes please describe the reason on separate sheet paper)

Are you taking any illegal drugs? \_\_\_\_\_ Are you currently taking any form of prescription medication on a daily basis? \_\_\_\_\_

Do you have any health concerns that might prevent you from participating fully on this leadership team? (If so please explain)

Are your parents in full support of your desire to serve in a leadership role in Christ Covenant's ministry to youth? Yes \_\_\_\_\_ No \_\_\_\_\_

**In the Event of an Emergency who should be notified:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Signatures: (signing this application signifies that all the information above is accurate and true.)**

(Parent signature) I give my full consent for \_\_\_\_\_ to serve as a student leader within Christ Covenant Church's ministry to youth.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Student \_\_\_\_\_ Date: \_\_\_\_\_