

Full name: _____

Date of Birth: _____

Address: _____

City, State, ZIP: _____

(STUDENT INFO) Email: _____ Cell phone: _____

(PARENT INFO) Email: _____ Cell phone: _____

Emergency contact name: _____ Cell phone: _____

Previous volunteer experience: _____

- SCHOOL GRADE 2020-21:
- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> 6th Grade | <input type="checkbox"/> 9th Grade |
| <input type="checkbox"/> 7th Grade | <input type="checkbox"/> 10th Grade |
| <input type="checkbox"/> 8th Grade | <input type="checkbox"/> 11th Grade |
| | <input type="checkbox"/> 12th Grade |

References: (Non-family members who are knowledgeable of your work or service experience.)

<u>Name</u>	<u>Cell number</u>
1) _____	_____
2) _____	_____
3) _____	_____

By signing, I authorize my child to participate as a member of the Holy Spirit Youth Leadership Council through the 2020-2021 school year. This requires that my child attend regular meetings in order to assist with the planning and execution of youth ministry activities. As a member of the Youth Ministry Council, my child will also be an active participant of the Holy Spirit Youth Ministry activities.

Parent
Signature: _____ Date: _____

Drop forms off at the church office, email to mhernandez@holyspiritchurchjax.org or text to (904) 591-8071.