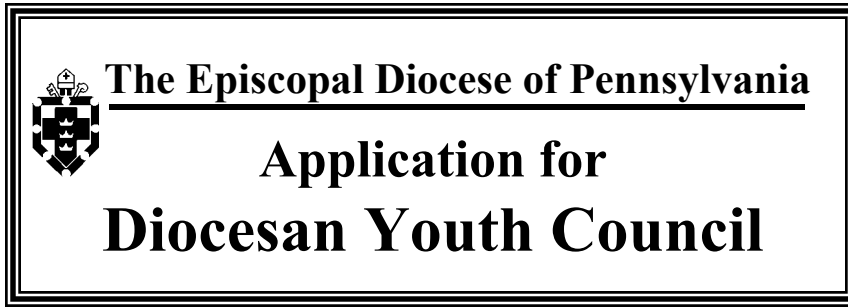


**Diocesan
Youth
Council**



APPLICATION FOR THE YOUTH
COUNCIL CALENDAR YEAR OF:
SEPTEMBER 2007-JUNE 2008

PLEASE RETURN TO:
Episcopal Diocese of PA
Youth Ministry Office
240 South Fourth Street
Philadelphia, PA 19106
215/627-6434x120
www.diopa.org
Email: SusannahH@diopa.org

(Please print legibly or type.)

NAME _____ GRADE _____ AGE _____
Last First Middle Starting in Sept 2007

PERMANENT ADDRESS _____
Street

_____ *City State ZIP*

PRIMARY TEL. # (_____) _____ PRIMARY EMAIL _____

BIRTHDAY ____/____/____

OPTIONAL INFORMATION: *This information is requested strictly to help customize our educational programs for our members*

RACE/ETHNIC GROUP: AFRICAN/AMERICAN ASIAN/AMERICAN HISPANIC/AMERICAN NATIVE AMERICAN
 CAUCASIAN AMERICAN OTHER

GENDER: ____ MALE ____ FEMALE

(Please explain more fully in the space provided)

Parish Involvement:

A signed Recommendation Form is included for your rector and *is required* to be considered for youth council.

PARISH NAME _____ LOCATION _____

PARISH RECTOR/ LEADER _____ PARISH TEL.# (_____) _____

YOUTH LEADER _____

ARE YOU ACTIVELY INVOLVED IN YOUR CHURCH? _____
(Yes/No)

IF SO, PLEASE INDICATE WHAT ACTIVITIES:

(Please describe your specific role in these activities. Please highlight any leadership roles that you have held and in the past)
