

Date of application:
 ___/___/___
 Office Use Only:



DIOCESE OF GARY YOUTH COUNCIL

Information Sheet

Please complete this information sheet and return it to your parish youth minister. Write clearly or type. If you have any questions, please call the Diocesan Youth Office (219) 769-9292 x229. **Youth leaders: please return this form to: Office for Youth and Young Adults, Diocese of Gary, 9292 Broadway, Merrillville, IN 46410, scan and email to vhathaway@dcgary.org, or FAX 219-738-9034.**

(Please print or type)

Name _____ Age _____ Phone(s) _____

Address _____ City _____ Zip _____

Graduating Class of _____ Birthday _____ Student E-mail _____

Parish _____ Youth Leader's Name/s _____

Parent/s Name/s _____ Parent Email _____

School attending _____ School activities _____

Any other activities (including parish) _____

Why do you want to be selected to serve on the Diocesan Youth Council? _____

Have you spoken with your parents about serving on the Youth Council? _____

Do your parents know about your commitment to attend all meetings? _____

Do you have a means of transportation to the various parts of our Diocese for the meetings? _____

If not, will your parents allow you to car pool with other members of the Council? _____

Do you have access to a computer/tablet/smart phone and internet access for online meetings? _____

Parent's/Guardian's Name (printed): _____

Parent/Guardian Signature: _____

Pastor's Signature: _____

Youth Minister's Signature: _____

What are some strengths that you will bring to the Diocesan Youth Council? _____

What are some weaknesses that you may bring to the Diocesan Youth Council? _____

Generally speaking, how do you act in a group? (i.e. shy, loud, organizer, leader, sensitive to others, etc.)?

How do you think this experience will benefit you personally? _____

Diocesan, State, Regional and National Youth Ministry events in which you have participated (if any):

Candidate's Signature _____ Date _____