



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: Youth Ministry/Office for Missionary Discipleship and Evangelization, Diocese of Gary, 9292 Broadway, Merrillville, IN 46410 or scan and email to vhathaway@dcgary.org.

(Please print or type)

Name	Age Phone(s)	
Address	City	Zip
Graduating Class of Birthday _	Student E-mail	
Parish/School Representing		
Youth Leader's Name/s	Youth Leader Email	
Parent/s Name/s	Parent Email	
School attending	School activities	
Why do you want to be selected to serve or	n the Diocesan Youth Council?	
	serving on the Youth Council?	
Do your parents know about your commitment to attend all meetings?		
•		
If not, will your parents allow you to carpool with other members of the Council?		
Parent's/Guardian's Name (printed):		
Parent/Guardian Signature:		
Pastor's Signature:		
Youth Minister's Signature:		

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What are some strengths that you will bring to the Diocesan Y	Youth Council?
What are some weaknesses that you may bring to the Diocesa	un Youth Council?
Generally speaking, how do you act in a group? (i.e. shy, loud	
How do you think this experience will benefit you personally	
Diocesan, State, Regional and National Youth Ministry event	
Candidate's Signature	Date