



Application for Commission on Youth Ministries

Name: _____ Gender: _____

Birth Date/Age: _____

Address: _____

City/State: _____ Zip: _____

Phone, Home: _____ Cell: _____

E-mail Address: _____

Church/City: _____

Priest/Youth Minister Name and Phone Number: _____

Safe Church Training Completion Date: _____

Location: _____

*Attach copy of "Certificate of Completion"

I am (circle one): Clergy Adult Youth

Please list church, diocesan, school or other activities or organizations in which you participate. Include offices held, accomplishments, and other interests you think are important:

What gifts, talents, and/or skills would you like to share with this community (i.e. music, arts, computer, etc.)?:

Why do you wish to be a member of the Commission on Youth Ministries?:

*Please attach an additional page if more room is needed

I am willing to make a commitment to the work of the Commission on Youth Ministries, to attend the meetings, and support and promote youth ministry programs within the Diocese of the Central Gulf Coast. I understand that I am serving a term of three years from my date of appointment at Diocesan Convention. If for any reason I am unable to fulfill my term requirements, I understand that the remainder of my term will be filled by said persons suggested by the Commission on Youth Ministries and appointed by the Bishop.

Youth Name and Signature: _____

Date: _____

Parent/Guardian Name and Signature: _____

Date: _____

Clergy Name and Signature: _____

Date: _____

**Please return completed forms to:
Diocese of the Central Gulf Coast
c/o Vanessa Riutta
PO Box 13330
Pensacola, FL 32591**