

# Y.E.S. (Youth Evangelism Sending) Student APPLICATION 2010



<b><u>Participant Last Name, First Name</u></b> (please print)		
M or F (circle)	Age _____	Date of Birth _____
Grade as of Fall 2010 _____	T-Shirt size _____ <i>(adult sizes)</i>	
E-mail (please print CLEARLY!)		
<b><u>Street Address &amp; City, State, Zip</u></b>		
<b><u>Home Phone</u></b> (including area code)		<b><u>Cell Phone</u></b> (including area code)
<b><u>Parent/Guardian Name</u></b>		
Address, City, State, Zip (if different from above)		
Daytime phone	Evening phone	Cell phone
<b><u>Church Name, City, State</u></b> How long attended?		

## Project Dates: **June through August**

I would like to serve (check any/all you're interested in/available for):

one week June       two weeks June  
 one week July       two weeks July       one week August

## **EXPERIENCE**

Have you ever served on a mission project?      YES      NO

Place \_\_\_\_\_ Year \_\_\_\_\_

Please briefly describe your project:

### Indicate experience in the following (circle all that apply)

Preaching      Clowning      Recreation      VBS      Evangelism  
 Drama      Song leader      Singing (solo)      Singing (choir)

### Do You Play an Instrument? (circle all apply)

Piano      Guitar      Other \_\_\_\_\_

### Do you currently use any of the following?

**Tobacco**      Yes      No      **Alcohol**      Yes      No      **Illegal Drugs**      Yes      No

# Y.E.S. (Youth Evangelism Sending) Student APPLICATION 2010



Participant Last Name, First Name (please print)

## **SPIRITUAL**

1. Briefly describe your salvation experience.
2. Tell us briefly how God has recently worked in your life.
3. Describe an experience of you sharing Christ with someone.
4. Why do you want to apply and serve on this summer mission project?
5. How did your parents/guardian respond when you discussed with them your desire to participate on this summer missions experience?

# Y.E.S. (Youth Evangelism Sending) Student APPLICATION 2010



**Participant Last Name, First Name** (please print)

I have read and understand the qualifications and recommendations required to serve as part of the YES team. I meet the minimum qualifications and want to be considered for this position. Upon acceptance, I will provide additional information/documentation as requested.

**Participant's Signature** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_  
(for participant under 18)

---

## **Pastor/Minister of Youth RECOMMENDATION**

Please tell us why you think the candidate should be considered as a prospective Y.E.S. team member. Include a brief description of his/her spiritual testimony.

**Pastor/Minister of Youth Name** (please print) \_\_\_\_\_

**Pastor/Minister of Youth Signature** \_\_\_\_\_

**Church Name, City & State** \_\_\_\_\_