

Date of application:  
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 Office Use Only:  
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**DIOCESAN YOUTH COUNCIL**  
**Diocese of Gary**



**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 or FAX 219-738-9034.**

*(Please print or type)*

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Graduating Class of \_\_\_\_\_ Birthday \_\_\_\_\_ E-mail \_\_\_\_\_ Parish \_\_\_\_\_

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? \_\_\_\_\_

Parent's/Guardian's Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Youth Minister's Signature: \_\_\_\_\_

(OVER)

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 \_\_\_\_\_