

## JAL Youth Council Application Form



Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_  
Grade: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Parish: \_\_\_\_\_  
Guardian/ Parent: \_\_\_\_\_

Why do you want to serve on the JAL Youth Council?

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What are the three most important issues to you?

- 1.
- 2.
- 3.

Please list any activities you will be involved in during the school year. Include employment, sports, community and school groups.

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What personal skills and characteristics do you possess that would make you a good representative?

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If you could bring one thing to JAL or change one thing, what would it be?

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Are you willing and able to attend Youth Council Meetings once a month, for the spring semester and commit to making a difference? \_\_\_\_\_

Deadline to apply January 1<sup>st</sup>, 2019

Please return to any Church office.

Office, please email me, Fr. Dan at [dwaruszewski@zoominternet.net](mailto:dwaruszewski@zoominternet.net) upon receipt.