



Youth Ministry Team

2009/2010 Application

Application deadline: Sept. 10

Return, by September 10, to:
Middle PA District, YMT
1113 Mount Vernon Ave.
Huntingdon, PA 16652

If you are interested in being involved in YMT for the 2009/2010 school year, and have received an affirmation of your call from your local congregation, please complete this application in its entirety, and send it to the District Center no later than **Sept 10** (see the address above). Your application will be reviewed and you will be notified of our decision by Sept. 17.

Please print or type. The first portion & the questions on the back are to be completed by the youth.

Note: pastor and parent signatures are required.

Name _____ 2009-10 Grade _____ Birthdate ____/____/____

Home Phone (____) _____ Cell Phone (____) _____

Street Address _____ City _____ State _____ Zip _____

E-mail _____

Congregation _____

Pastor's Name _____ Phone (____) _____

Congregational Calling-Out Information – to be completed by the pastor, or official calling-out body.

The above named youth is an active member of our congregation and is one in whom the church body recognizes spiritual maturity, leadership ability, and commitment to the local church. Our congregation, _____, has called this person to be considered, by the YMT Leadership Team, to be a member of the Youth Ministry Team

Pastor's signature (or other official): _____ Date _____

Parent permission and information

Parent/Guardian name(s) _____

E-mail _____ Phone (____) _____

Address (if different from applicant's) _____

I understand that Youth Ministry Team is a Middle PA District Church of the Brethren program. My child has been called out by our congregation and I/we give permission for him/her to be involved. I also understand that this is a commitment of my child's time, as well as a commitment on my part to provide transportation as necessary. In signing this form, I give permission for my child to take part in all YMT activities. In the event of an emergency, and I/we cannot be reached, I give permission to the physician, as selected by the advisors, to secure and administer treatment, including hospitalization, x-rays or routine tests. I also give permission for photos, or videos, of my child to be used for promotional/ministry purposes.

Parent(s) Signature: _____ Date: _____

This portion must be filled out by the applicant. Please be thorough, but brief in your answers. Print neatly. Use another sheet of paper as needed.

- Why do you want to be involved in the Youth Ministry Team?

- Describe your past and present involvement in your local congregation, community, and Middle PA District?

- Please name some of your God-given gifts and talents. These may include things such as: ability to speak in front of large groups, music, listening, praying for others, etc. Consider what your strengths and passions are, and these things may be your gifts/passions.

- Briefly describe your journey of faith. What are the experiences in your life that have strengthened your faith, and led you to where you are in your spiritual life today? Consider people and events that have been critical in your faith development.

Before returning this application, please check to be sure that you have:

1. *Obtained a signature (front side of application) from your pastor or another leader in your congregation who can verify that you have called out by your local congregation to be a part of YMT?*
2. *Obtained a parent/guardian signature (front side of application)*

Application Deadline: September 10, 2009

For more information, or if you have questions,
please feel free to call one of the advisors listed below:

Jerri Heiser Wenger	(814) 667-2355
Brian Bert	(814) 696-1278
Meredith Barton	(814) 652-4162
Nick Neal	(814) 931-8461
David Steele (District Minister)	(814) 643-0601