

SPEAK Youth Collaborative (SYK) Application

Name:	
Address:	
Home Phone:	Cell Number:
Email Address:	
Twitter/Facebook:	
School Name:	
Grade:	
Favorite Subject (s):	

School Activities:

Community Involvement/Volunteer Work (Church or community):

What are your hobbies?

What are your gifts/talents?

Do you use your gifts and talents?	How?

How do will you use your gifts and talents in the future? Or What is your desired future profession?

What is your favorite thing to do or not do?

Do you like to travel?

Do you plan to go to college/trade school?
If yes, which one?

If you do not plan to attend college/trade school, what are your plans?

Do you know what you would like to study in college?

What are your future career goals?

Do you have a part-time job or get allowance?
What do you do with your money?

Would you like to be involved in Christian Ministry in the future?

What are your top 5 strengths?

What are 3 of your weaknesses?

Describe your family:

Who is your hero and why?

Do you attend church?
Church Name:
Church Address
Are involved a Youth Group?
Youth Pastor's Name:
Youth Pastor's Email Address (If available):

What else would like us to know about you?

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Please complete this portion of the application with a parent/guardian or have your parent/guardian review this portion and sign in the appropriate places. Place a check mark to indicate your responses and agreement with each line below.

Would you be interested in being part of future SPEAK DVD's or music productions?

Yes _____ No _____

Parent Signature (Required) _____

Each SPEAK Youth Collaborative member is required to complete a certain number of volunteer service hours or participate in an ongoing service project each month. _____ (check) (Depending on age)

SPEAK Youth Collaborative members are encouraged to keep a journal of describing their volunteer activities and their thoughts about the Scriptures of the month. _____ (check)

SPEAK Youth Collaborative members are asked to participate in at least two group service projects each year. Service projects will be arranged by SPEAK. _____ (check)

I _____ as part of the SPEAK Youth Collaborative agree to the above. I _____ give my child permission to participate in at least 2 service projects arranged by SPEAK each year.