

**Youth Council Application**  
*Buckingham United Methodist Church*

**Applicant Information:**

**Full name:** \_\_\_\_\_ **Year in School** \_\_\_\_\_

**Complete mailing address: (Street)** \_\_\_\_\_

**(City/Town)** \_\_\_\_\_

**(ZIP)** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Preferred mode of contact:**

**Home Phone** 📞 **Cell Phone** 📞 **Email** 📧

**Preferred time for phone call:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Youth Council Requirements**

- ? Faithfully participate in four out of five youth worship opportunities: Sunday school, church, UMYF, Bible study, and choir
- ? Faithfully attend Youth Council meetings and if unable to attend, give advance notice of my absence.
- ? Prayerfully consider the United Methodist principals and use them to guide my time in and out of church.

**Applicant Questions:**

Please answer the following questions on a separate sheet of paper and attach to this form. Remember, there are no right or wrong answers. We are just hoping to get a “snapshot” of you. Think of it as an interview. When answering these questions, feel free to discuss them with your friends, family, pastor, or any youth adults.

- ? What is your understanding of the purpose of the Youth Council?
- ? What led you to apply to be a member of the Youth Council, and how did your faith impact this decision?
- ? This is a position of service. How do you serve your family, church, friends, school and community?
- ? How do you spend your time? What are your other commitments of time and responsibility? How do you spend your free time? How do you plan to balance Youth Council with everything else?

**Applicant’s Agreement:**

**In signing below, I affirm that I will uphold the requirements of Youth Council and give priority to the Youth Council responsibilities that come with the duties of the BUMC Youth Council. I realize that failure to do so may result in removal from Youth Council.**

**Youth Council Applicant’s signature:** \_\_\_\_\_

**Applicant’s Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return application to Kevin no later than Sunday, Sept. 6