



MEMBERSHIP APPLICATION

SPYM | 2014

Youth Member's Information						
Last Name:		First Name :				
Date of Birth:	Age:	Grade:	School			
Current Address:						
City:		State:	ZIP Code:			
Cell Phone:		Home phone:	Email			
I have received the following Sacraments - Yes /No						
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eucharist	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Information						
Father's Name:			Mother's Maiden Name:			
Siblings		Age	Sacraments			
			Baptism	Eucharist	Confirmation	Matrimony
(1)						
(2)						
(3)						
(4)						
(5)						
Emergency Contact Information						
Name:						
Address:		Cell phone:		Email :		
City:		State:		ZIP Code:		
Interests						
Hobbies:						
Talents:						
Motto in Life:						
I would like to participate in the following SPYM Events : Please mark (x)						
<input type="checkbox"/> SPYM Meeting	<input type="checkbox"/> Seminars/Workshops	<input type="checkbox"/> Advent Recollection @ Casa Ignacia	<input type="checkbox"/> Walk for Life @ San Francisco			
<input type="checkbox"/> Film Viewing	<input type="checkbox"/> Community Service	<input type="checkbox"/> Lenten Recollection @ Casa ignacia	<input type="checkbox"/> Youth Day @ Los Angeles			
<input type="checkbox"/> Feast of St. Paul	<input type="checkbox"/> OnFire @ Vallejo	<input type="checkbox"/> Unplugged	<input type="checkbox"/> Youth Mass	<input type="checkbox"/> Advent/Lenten Penance Service		
Others: (1) _____ (2) _____ (3) _____						
I would like to volunteer for the following: Please mark (x)						
<input type="checkbox"/> Planning SPYM Events	<input type="checkbox"/> Sunday CFF (___ 10:30 am ___ 12:30 pm)	<input type="checkbox"/> 6:30 pm Friday CFF	<input type="checkbox"/> Speaker (7 Last Words of Jesus)			
<input type="checkbox"/> Youth Mass (___ Lector ___ Guitarist ___ Pianist ___ Altar Server ___ Hospitality ___ Extra Ordinary Minister)			<input type="checkbox"/> Facilitator (SGS)			

(Name)

I understand and agree that my parent(s) or guardian(s) is (are) aware of my application and is granting me permission to be a member of the youth ministry in this parish. In cases of any infraction requiring my suspension or dismissal from any SPYM program, event, or activity, my parent(s) or guardian(s) will be notified immediately and that I will be sent home. Being found with any alcoholic beverages, drugs or weapons is cause for automatic suspension or dismissal from any SPYM program, event, or activity. I agree to uphold, exemplify and exercise Catholic values and morality all SPYM programs, events, and activities.

(SPYM Member Signature)

(Date)

The best way to remind me about SPYM meetings and events is to:

- Call me at home.
- Call me on my cell phone.
- Send me an e-mail.
- Mail me a letter to my home address.
- Others: _____