2018-2019 SVdP Peer Teen Leader Application

Please print clearly or type

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2018-2019 School Year: \_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review the following options of ministries to serve. Rate from 1-4 (1 being where you would most like to help and 4 being where you’d least like to help). These ratings will be considered when determining where to place you. If you are unavailable to serve in any of the ministries due to scheduling conflicts or unable because of the age requirement, please put an X on the line and rate the others.

\_\_\_\_\_ **Lord’s Day (2-5 year olds)** Sundays from 9-10AM or 11AM-12PM // Sept. 9 -May 5

\_\_\_\_\_ **CCE (1st-5th Grade)** Sundays from 10:30AM-12PM // Sept. 9-May 5

\_\_\_\_\_ **EDGE (6th-8th Grade)** Tuesdays from 6:30-8PM // Sept. 11-May 7

**(\*EDGE PTL’s must be an incoming high school sophomore or older\*)**

\_\_\_\_\_ **Confirmation (9th-10th Grade)** Wednesdays from 7-8:30PM // Sept. 5-April 10 **(\*Confirmation PTL’s must already be Confirmed in the Catholic Church\*)**

List the names and phone numbers of two individuals we can contact for a reference. These individuals should not be immediate family members but teachers, coaches, mentors, etc.

Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using a separate sheet, please answer the following questions and attach to this application.

1. Why do you want to be a PTL?
2. What qualities make a successful, Catholic teen leader?
3. What are some of the gifts, strengths, and talents you can bring to the PTL program?
4. What are some areas you want to grow in?
5. Why would you make an awesome PTL?

**All applications must be submitted by the end of the day on May 31, 2018. Applications can be dropped off at the church office in an envelope with ATTN: Andrea Cahill or emailed to** [**acahill@svdp-edu.org**](mailto:acahill@svdp-edu.org)**. You will be contacted in June to set up an interview. Please email Andrea with any questions. You’re awesome!**