

SPX Youth Ministry

Information Form 2009-10

This information will help us communicate with you and your teen.

Teen's Name: _____

Parents name: _____

Age: _____ Birthday: _____

Grade: _____

School: _____



Contact Info:

Address: _____

Neighborhood: _____

Phone #: _____

Parents Cell Phone #: _____

Parent's Email: _____

Teen's Email: _____

Teens Cell Phone #: _____

Should we text you on your cell? Y N

Contact via Facebook? Y N

VOLUNTEER INFORMATION

Your support and involvement are crucial to the success of our program. Please check any areas of interest. This is not a commitment, but an indicator of your willingness to help.

- | | | | |
|-------------------|--------------------------|-----------------------------|--------------------------|
| Driver for Events | <input type="checkbox"/> | Adult Leader at Youth Group | <input type="checkbox"/> |
| Bake/Cook | <input type="checkbox"/> | Help with Mailings/Bulletin | <input type="checkbox"/> |
| Chaperone | <input type="checkbox"/> | Misc. Needs | <input type="checkbox"/> |

Suggestions/Feedback for youth ministry:
