



SLYM Leadership Team

September 2019 – August 2020 APPLICATION

Name _____ Grade (2019-2020) _____

Home Address _____

Email _____ Phone _____

*Please answer the following questions on another sheet of paper, typed if possible. Attach answers to the application form. Completed applications should be sent to Pastor Ryan (ryan.hill@lbnaz.org) or Bowe (bowe@coeah.com) or handed in by no later than **July 31st, 2019**.

1. Your Testimony: Please describe when you accepted Jesus as your Lord and Savior and made the decision to follow Him. (When and where did it happen, how old were you, and what was the situation/setting?)
2. How would you describe your current relationship with Jesus?
3. Why do you want to serve on the SLYM leadership team?
4. Please indicate the top two SLT functional groups that interest you.

____ Worship ____ Events ____ Missions ____ Care Group

**Students are committing to a one-year term (Sept – Aug); which includes one meeting every other month. Meetings will be held on Wednesday nights.*

Please ask your parents to complete the section below.

Name(s) _____

Phone Number _____ Email _____

Please confirm that you have read the SLT *Mission and Covenant* and your willingness to support your teen in their leadership role. Contact Pastor Ryan at ryan.hill@lbnaz.org with questions or concerns.

Yes, I have read the SLT *Mission and Covenant*.

Student Signature _____

Yes, I have read the SLT *Mission and Covenant*.

Parent Signature _____