## **D-TEAM Application 2012-2013**

Name:		
Address:		
		Zip Code:
Phone:	Email:_	
School, Year:		Birthdate:
Parish:		T-shirt Size:
Please answer the foundation an additional se		y typing them into this form or by
1.) What diocesan leade	rship programs have you	participated in? What did you learn?
your responsibilities and	how often you're involve	stry and volunteerism? Please describe ed. (ie: Do you work with a weekly ects throughout the year?)
3.) What personal qualiti	es and talents will you c	ontribute as a member of the D-TEAM?
4.) What do you conside	r to be your greatest wea	akness as a leader?
5.) Why do you want to b	e a D-TEAM Member?	
6.) Describe one experie	nce in which you ministe	ered to someone else.
7.) Tell us about your rel	ationship with Jesus and	I how it's going.

- 8.) What involvements during the upcoming year (From July 1, 2012-June 30, 2013) do you have (sports, drama, work etc.) that might limit your availability?
- 9.) Please provide the name, phone number and e-mail address of a youth ministry reference such as pastor, religion teacher or youth minister.
- 10.) ALL D-TEAM Members must participate in a training and orientation program. More details will be sent after program assignments are made.

Return your completed application form no later than Friday, March 30, 2012 to the Department of Youth Ministry by e-mailing it to <a href="mailto:dsryouth@srdiocese.org">dsryouth@srdiocese.org</a>.