

**CES Youth Programs**  
**Especially for Youth Volunteer Counselor (Nonpaid) Application**  
**AZ Show Low Area Program 2009**  
**June 1-5**

**QUALIFICATIONS**

**Female:**  
 19 years old with one year post-high school experience  
**Male:**  
 Returned Missionary—21+ years old

Testimony of the Restored Gospel  
 Able to Motivate and Teach Youth  
 Fun and Enthusiastic Personality  
 Patient and Empathetic

Active in Ward / Stake Institute  
 Prompt, Reliable, and Flexible  
 Temple Eligible  
 Willing to Receive Feedback

**APPLICANT INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ E-mail Address \_\_\_\_\_ Age \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone #: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Male  Female  Married  Single  I am a returning counselor Yes  No  I served a full-time mission Yes  No

**ECCLESIASTICAL INFORMATION**

Current Ward \_\_\_\_\_  
 Bishop's Name \_\_\_\_\_  
 Telephone #: Home ( ) \_\_\_\_\_ Daytime ( ) \_\_\_\_\_  
 Bishop's E-mail Address \_\_\_\_\_  
 Current Stake \_\_\_\_\_  
 Stake President's Name \_\_\_\_\_  
 Telephone #: Home ( ) \_\_\_\_\_ Daytime ( ) \_\_\_\_\_

**Instructions:**

1. Fill in the information requested above. Then print your completed form.
2. Read the following statement and sign below, giving us permission to contact your ecclesiastical leader.
3. Interview with your bishop / branch president for his endorsement.
4. BISHOP faxes (preferred) or mails completed form to:

**CES Youth Programs**  
**Area Programs VOLUNTEER Counselor Application**  
**164 Harman Continuing Education Building, BYU**  
**Provo, UT 84602**  
**Fax: 1-801-422-0731**  
**Phone: 1-801-422-3817, ext. 0**

**To the best of my knowledge, the information included in this application is accurate. I agree to model the highest standards of dress and grooming as found in the *For the Strength of Youth* booklet. CES Youth Programs has my permission to contact my ecclesiastical leader, and I request that my ecclesiastical leader provide information concerning my eligibility to volunteer as a counselor at EFY. I waive my privilege to the information, and I release from any liability all persons supplying or receiving information pursuant to this request.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ECCLESIASTICAL ENDORSEMENT**  
**(BISHOP'S ENDORSEMENT)**

The role of an Especially for Youth counselor is one of example and teaching. During the week a counselor is assigned a group of 10 to 15 youth for which they are responsible. As you consider this person, keep in mind he or she will be acting as a teacher, mentor, disciplinarian, friend, and example of gospel standards. This should not be looked at as an opportunity for a young adult who is struggling to be strengthened, as his or her key role is to strengthen the youth by example and edifying teaching. **I have interviewed this applicant and give my endorsement regarding his or her eligibility to volunteer as an EFY counselor.**

Bishop's Printed Name \_\_\_\_\_

Bishop's Signature \_\_\_\_\_ Date \_\_\_\_\_