



CES Youth Programs

Especially for Youth Volunteer Counselor (Nonpaid) Application

Salt Lake City Area Programs 2009

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

Total number of sessions you would like to volunteer for _____

Session Availability (check the box):

Sandy 1 June 8–12

Sandy 2 June 15–19

Sandy 3 June 22–26

Taylorsville 1 June 29–July 3

Taylorsville 2 July 6–10

Taylorsville 3 July 13–17

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 _____