

CES Youth Programs
VOLUNTEER BEST OF EFY COUNSELOR APPLICATION

Qualifications:

Temple Eligible
 College Experience
 Slow to Anger

Testimony of Restored Gospel
 Returned Missionary (males)
 Fun and Enthusiastic Personality

Active in Ward/Stake
 Involved in Institute
 Able to motivate Youth

Applicant Information

First Name _____ Middle Name _____ Last Name _____
 Preferred Name _____ Email Address _____
 Street Address _____ City _____
 Telephone #: Home _____ Work _____ Cell _____

My current Church calling _____
 I am currently attending Institute at _____
 I served a mission in _____ Dates _____
 List any language other than English that you are fluent in: _____

Please note: This application is for the one day Best of EFY Program in **Pittsburgh, PA** to be held on **April 25, 2009**. Best of EFY counselors are expected to be mature and responsible, watching out for the spiritual and physical safety of all youth in attendance at the Best of EFY program. Although you will not be teaching in a formal setting, you are expected to be an example at all times. Further instructions will be given to you as the program approaches. Please make sure to include your email address above, as this is the method we will use to communicate with you. Thank you!

Ecclesiastical Information

Current Ward _____
 Bishop's Name _____
 Telephone #: Home _____ Day Time _____
 Bishop's Email Address _____

 Current Stake _____
 Stake President's Name _____
 Telephone #: Home _____ Day Time _____

- Instructions:**
- 1- **Fill in the information requested in the top two boxes.**
 - 2- **Read the following statement and sign giving us permission to contact your ecclesiastical leader.**
 - 3- **Interview with your bishop/branch president for their endorsement.**
 - 4- **BISHOP mails completed form to: CES Youth Programs**

**Best of EFY Counselor Application
 164 HCEB
 Provo, UT 84602**

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 leaders and I request that my ecclesiastical leaders provide information concerning my eligibility to volunteer as a counselor at Best of EFY. I waive my privilege to the information, and I release from any liability all persons supplying or receiving information pursuant to this request.

Applicants Signature _____ Date _____

Ecclesiastic Endorsement

The role of a Best of Especially for Youth counselor is one of responsibility and maturity. As you consider this person, keep in mind that they will be acting as a disciplinarian, friend, and an example of gospel standards. Their key role is to ensure the safety of the youth that will be in attendance at this program while loving and strengthening them. **I have interviewed the above listed applicant and give my endorsement regarding their eligibility to volunteer as a Best of EFY counselor.**

Bishop's Printed Name _____

Bishop's Signature _____ Date _____