

Especially For Youth Programs

Especially for Youth Volunteer Counselor (Nonpaid) Application

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 served a full-time mission. Yes No

Please note: This application is for the EFY Express Program in _____ ONLY. EFY Express counselors are expected to be mature, obedient, and responsible, watching out for the spiritual and physical safety of all youth in attendance. 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 e-mail 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 () _____ 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:

Especially For Youth Programs
 EFY Express VOLUNTEER Counselor Application
 206 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. Especially For Youth Programs has my permission to contact my ecclesiastical leaders. I request that my ecclesiastical leaders provide information concerning my eligibility to volunteer as a counselor at this EFY Express program. 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 responsibility and maturity. As you consider this person, keep in mind that his or her key role is to strengthen the youth by their example of obedience to gospel standards and ensure the safety of the youth in attendance. He or she will also act as a disciplinarian and friend. **I have interviewed the above listed applicant and give my endorsement regarding his/her eligibility to volunteer as an EFY Express counselor.**

Bishop's Printed Name _____

Bishop's Signature _____ Date _____