

CCYM APPLICATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ LOCAL CHURCH \_\_\_\_\_  
DISTRICT \_\_\_\_\_ PASTOR \_\_\_\_\_  
PARENT (S) \_\_\_\_\_

SCHOOL ACTIVITIES:

CHURCH ACTIVITIES:

COMMUNITY ACTIVITIES:

Why do you feel called to serve on CCYM?

What gifts and talents, leadership abilities/experiences will you bring to CCYM?

In what conference and district events have you participated?

Please use the back to share your faith journey?

What will be your greatest conflict of time to make the commitment required of the CCYM?

Please have your pastor or youth director send a letter of recommendation.  
Mail to: Beverly Boehmer, 3601 Amron Ct., Columbia, MO 65202