

VACATION BIBLE SCHOOL July 30 - August 3, 2018

TEEN MINISTRY APPLICATION

Name: _____ Age _____ Grade 2018-19 _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Parent E-mail: _____

Allergies: _____

Medical Conditions: _____

Emergency Information: In case of emergency, contact:

1) Name: _____ Relationship _____

Phone # _____ Alternate # _____

2) Name: _____ Relationship _____

Phone # _____ Alternate # _____

TWO Letters of Recommendation Required:

(unless you submitted two letters last year.)

- one from your School (Teacher or Principal)
- one from a Scout Leader, Coach, Faith Formation Leader/Catechist, etc.)
- staple both to this Form9

Place in envelope - write Mrs. Esh on the outside and drop in the Collection Basket during Mass, drop off at the Parish Office, bring to Faith Formation Session. Or mail to Parish Office.

You will be contacted for an Interview or Group Meeting - depending on your experience with past Vacation Bible School and to discuss options of various roles to fill!

**Mrs. Kathleen Esh - email - kesh@stgabrielhopkins.org
phone - 952-933-7610 (pm hours only)**

PARENT SIGNATURE: _____