



**DIOCESE OF SOUTHWEST FLORIDA
NEW BEGINNINGS #44
TEAM APPLICATION**

**Mail this Application to:
New Beginnings Committee
C/o Diocese SW Florida
7313 Merchant Ct.
Sarasota, FL 34240**

Name: _____ Class of 200: _____		
Address: _____ City: _____ Zip: _____		
Phone: _____ Email: _____		
Church: _____ Youth Leader or Clergy: _____		
1. Please check the applicable box: Single Parent Two Parents Blended Family Only Child Have brothers/sisters <i>(This information is used only to assist in the assignment of talks, and will in no way impact the evaluation of your application).</i>		
Note: Additional sheets may be used for your answers to the following questions. Please ensure that you attach these to the application form before submission.		
2. List your youth service experience: <i>(Diocesan events - i.e., Happening, New Beginnings, Summer Camp / Church events- i.e., VBS, acolyte, lay reader, Sunday School / Home / Community / School, etc.)</i>		

3. List your current involvement in other activities: <i>(sports, music, hobbies, clubs, etc.)</i>		

4. Do you play any musical instruments and/or sing? Yes No If Yes - Which one(s)? _____		
5. What do you feel is your greatest strength?		
6. What do you feel is your greatest weakness?		
7. What do you feel are your spiritual gifts?		
8. Give an example of God working in your life.		
This person has my recommendation for team: YES NO		
Youth leader or clergy name: _____ Contact phone # _____		
Signature: _____ Date: _____		