



**DIOCESE OF SOUTHWEST FLORIDA  
NEW BEGINNINGS #45  
TEAM APPLICATION**

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

Name: \_\_\_\_\_ Class of 2009 \_\_\_\_\_

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  
*(This information is used only to assist in the assignment of talks, and will in no way impact the evaluation of your application).*

**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:**  
*(Diocesan events - i.e., Happening, New Beginnings, Summer Camp / Church events- i.e., VBS, acolyte, lay reader, Sunday School / Home / Community / School, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. List your current involvement in other activities:** *(sports, music, hobbies, clubs, etc.)*

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

**I UNDERSTAND PAYMENT NEEDS TO BE MADE IN FULL AT THE TEAM MEETING**

\_\_\_\_\_ Participant signature      \_\_\_\_\_ Parent Signature