



2017 SUMMER STRETCH YOUTH MENTOR APPLICATION

Date of Application: _____

Applicant: *Please note that you must be currently attending High School or a Post High School graduate to apply to be a Summer Stretch Mentor.*

Please complete this application and return it to Chris Sims by May 7th 2017

Applicant Name:			Male/Female:	
(First)	(M.I.)	(Last)	M or F	
Date of Birth:	Age:	T-Shirt Size: S M L XL XXL		
School:	Grade (Current): 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School <input type="checkbox"/>			
Address:	Have you been involved with Summer Stretch before? Y or N		If yes, how many years as a leader?	
City, State, Zip:	Best way to communicate with you? Email <input type="checkbox"/> Text <input type="checkbox"/> FB pg <input type="checkbox"/> Phone <input type="checkbox"/>			
Cell Phone:	Applicant Email:	Do you have access to St. John's YOUTH FB page?: Y or N		
Emergency Contact:		Emergency Contact Phone:		
Parent(s)/Guardian Names:				
Address:			Does applicant reside at this address?	
City, State, Zip:				
Home Phone:		Cell Phone:		
Home Email:		Work Email:		
Please list other (non St. John's) leadership programs you have participated in:				
Work experience: (Most recent first)				
Extra-Curricular Activities: (Recreational, athletic, musical, church, etc.)				

What have you been doing to grow spiritually in the past year?

Please circle any words that best describe you, and cross out any words that least describe you:

trustworthy dependable athletic/active compassionate reliable self-starter punctual
flexible laid-back quick thinker spontaneous decisive teachable team player humorous
thoughtful solitary leader cautious risk taker patient reflective honest organized
creative disciplined faithful dreamer empathetic friendly analytical
perceptive imaginative persistent open-minded cooperative positive

What do you think your spiritual gifts are?

In what way do you think your gifts, talents and abilities would be helpful as a Summer Stretch Mentor?

I understand that if I volunteer to be a mentor for the St. John's Summer Stretch program that I will be expected to be punctual, present and actively participating on the dates listed:
June 14, 21, 28, July 12, 19 and August 3 (Valleyfair)

Applicant Signature: _____ *** Parent Signature:** _____

*Parent signature required if applicant is under 18 years of age.

I have signed and turned in a St. John's Liability/Waiver form for the Summer Stretch 2017 Program

Yes _____ or No _____

