

Application for Canon City Teen Advisor Program

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Birthday _____

Check Grade: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduated _____

Parent(s) name _____

Previous Volunteer Experience: _____

Have you accepted Jesus Christ as your personal Lord and Savior? Yes ___ No ___

How Long Have You Been A Christian? _____

Church Name: _____ Pastor's Name _____

Church Phone: _____

What are your personal strengths? _____

What are your weaknesses? _____

Please make a general evaluation of your knowledge in the following areas:

a) Knowledge of physical and emotional consequences of a sexual relationship outside of marriage:

Excellent _____ Good _____ Fair _____ Poor _____

b) Knowledge of what the Bible says about sex outside of marriage:

Excellent _____ Good _____ Fair _____ Poor _____

What other commitments, activities do you have for this school year? _____

Please List Two References:

Name: _____ Relationship: _____

Address: _____ City: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____ Phone: _____

On the back or on additional paper, please state in detail why you want to be a Teen Advisor.

Please be advised that a large part of the TA program is educating your peers in various local schools. This takes place during the normal school day and will mean that you miss *some* school. (TA events are always an excused absence.) If you understand the responsibilities of being a Teen Advisor please sign below.

Signature _____

Date _____