

DIOCESAN CATHOLIC YOUTH COUNCIL APPLICATION

Please limit your responses to the space provided. Please type or print legibly:

Name _____ Email _____

Address _____ Cell Phone _____

City/Zip Code _____ Home Phone _____

Parish/City _____ Date of Birth _____

Are you a paid Affiliated Member of the Diocese CYO: Yes _____ No _____

Parish Priest _____

Adult Youth Ministry Leader _____

School _____ Current year in school (22-23) _____

Name of Parents _____

How long have you been an active member of your Parish Youth Ministry? _____

Please describe your involvement on the parish level: _____

In what youth and Church related activities have you participated? _____

What gifts or talents do you feel you can bring to the Diocesan Catholic Youth Council? _____

Do you have any current obligations that would affect your serving on the Youth Council? If so, please explain: _____

Why are you seeking to represent your deanery on the Diocesan Catholic Youth Council?

I have discussed this application with my parents and adult youth ministry leaders.

Candidate signature: _____

I understand that this commitment will involve travel to meetings in Hays/Russell.

Signature of parent: _____

Signature of Adult Youth Ministry Leader: _____

Submit this form with a wallet-size photo of yourself (or email in jpg format in a separate attachment) and a letter of recommendation from your pastor and/or Adult Youth Ministry Leader (not a parent)

by November 2nd, 2022

DCYC Applications
Office of Youth Ministry

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