

CES Youth Programs
Especially for Youth Volunteer Counselor (Non-paid)
 Salt Lake City Area Programs 2008

Qualifications:

<i>19 yrs. old w/1 yr. post-H. S. Exp. (Females)</i>	<i>Testimony of Restored Gospel</i>	<i>Active in Ward/Stake (Institute)</i>
<i>Returned Missionary/21 yrs. old (Males)</i>	<i>Prompt, Reliable, and Flexible</i>	<i>Patient and Empathetic</i>
<i>Fun and Enthusiastic Personality</i>	<i>Able to Motivate and Teach Youth</i>	<i>Temple Eligible</i>
	<i>Willing to Receive Feedback</i>	

Applicant Information

First Name _____ Middle Name _____ Last Name _____
 Preferred Name _____ E-mail Address _____ Age _____
 Street Address _____ City _____
 Telephone #: Home () _____ Work () _____ Cell () _____
 Male _____ Female _____ Married _____ Single _____
 I am a returning counselor Yes _____ No _____
 I served a full-time mission Yes _____ No _____

Total number of sessions you would like to volunteer for _____
 Session Availability (check the box):

Sandy June 9-13	Taylorsville July 7-11
Sandy June 16-20	Taylorsville July 14-18
Sandy July 28-Aug 1	Taylorsville Aug 11-15

Ecclesiastical Information

Current Ward _____
 Bishop's Name _____
 Telephone #: Home () _____ Daytime () _____
 Bishop's E-mail Address _____
 Current Stake _____
 Stake President's Name _____
 Telephone #: Home () _____ Daytime () _____

Instructions: 1. Fill in the information requested above.

- 2. Read the following statement and sign below giving us permission to contact your ecclesiastical leader.**
- 3. Interview with your bishop/branch president for his endorsement.**
- 4. BISHOP faxes (preferred) or mails completed form to: CES Youth Programs**

<i>Fax: 1-801-422-0731</i>	<i>Area Programs VOLUNTEER Counselor Application</i>
<i>Phone # 1-801-422-3817, ext. 0</i>	<i>164 HCEB, BYU</i>
	<i>Provo, UT 84602</i>

Ecclesiastical Endorsement

To the best of my knowledge, the information included in this application is accurate. I agree to model the highest standards of dress and grooming as found in the *For the Strength of Youth* booklet. CES Youth Programs has my permission to contact my ecclesiastical leaders, and I request that my ecclesiastical leader provide information concerning my eligibility to volunteer as a counselor at EFY. I waive my privilege to the information, and I release from any liability all persons supplying or receiving information pursuant to this request.

Applicant's Signature _____ Date _____

The role of an Especially for Youth counselor is one of an example and a teacher. During the week a counselor is assigned a group of 10 to 15 youth for which they are responsible. As you consider this person, keep in mind he or she will be acting as a teacher, mentor, disciplinarian, friend, and example of gospel standards. This should not be looked at as an opportunity for a young adult who is struggling to be strengthened, as his or her key role is to strengthen the youth by example and edifying teaching. ***I have interviewed this applicant and give my endorsement regarding his or her eligibility to volunteer as an EFY counselor.***

Bishop's Printed Name _____

Bishop's Signature _____ Date _____