

PARISH/SCHOOL APPOINTMENT FORM

(To be completed by the Parish/School Adult Contact person)

-PLEASE PRINT-

Parish/School: _____

Adult Contact Person: _____ Position: _____

Mailing Address: _____ Phone #: (w) _____

_____ (h) _____

E-mail: _____ (c) _____

APPOINTEE #1: _____ Male / Female (circle one)

Mailing Address: _____ Phone #: _____

E-Mail: _____

School: _____ Grade: _____ (As of August 2019)

APPOINTEE #2: _____ Male/Female (circle one)

Mailing Address: _____ Phone #: _____

E-Mail: _____

School: _____ Grade: _____ (As of August 2019)

Adult Contact Signature: _____ Date _____

Please return this form to the Youth Ministry Staff no later than **Friday, June 14!**

PRIEST RECOMMENDATION FORM

-This form may be completed by either the Pastor or the Associate Pastor-

Appointee Name: _____

Please describe the character of the appointee and why you think he/she would be a positive addition to the Diocesan Youth Discipleship Team:

Is there any reason why you would NOT recommend this individual for the Diocesan Youth Discipleship Team?

Parish: _____

Pastor's Name: _____

(Please Print)

Pastor's Signature: _____