

# YOUNG ADULT REGISTRATION FORM (19yrs to 30yrs) - St. Helen's Youth Ministry

## Personal Information

FAMILY NAME:	FULL FIRST NAME:	BIRTHDAY (mm/dd/yy) / /
ADDRESS: <i>(city, province, postal code)</i>		AGE:
PRIMARY PHONE NUMBER:	SECONDARY TELEPHONE #:	
E-MAIL ADDRESS:		
EMERGENCY CONTACT:		PHONE #:
MEDICAL INFORMATION <i>(Special Needs/allergies, Dietary Restrictions)</i>		

## All About Me

*Please indicate 5 from the list that are important needs to you now.*

1.  To feel like a valued part of the Church.
2.  To be part of a community where I can develop meaningful relationships with other parishioners.
3.  To develop a personal relationship with Jesus Christ.
4.  To develop a better understanding of the Bible and what it means for me today.
5.  To develop an appreciation for what is unique about the Catholic faith.
6.  To make moral decisions based on Catholic Christian values.
7.  To have guidance as I face personal, spiritual, and vocational decisions.
8.  To be involved in reaching out in the community to serve people in need.
9.  To be involved in leadership.

### What are some of your talents and gifts?

- |  |  |                                     |                                     |  |
|--|--|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> acting                    | <input type="checkbox"/> public speaking | <input type="checkbox"/> athletics  | <input type="checkbox"/> finance    | <input type="checkbox"/> organizing and planning     |
| <input type="checkbox"/> singing                   | <input type="checkbox"/> computers       | <input type="checkbox"/> first aid  | <input type="checkbox"/> life guard | <input type="checkbox"/> art/graphics                |
| <input type="checkbox"/> writing                   | <input type="checkbox"/> photography     | <input type="checkbox"/> leadership | <input type="checkbox"/> counseling | <input type="checkbox"/> I play an instrument: _____ |
| <input type="checkbox"/> other talents and skills: |  |                                     |                                     |  |

### Faith Formation: The Discipleship Series

This program is a set of guided sessions that explore the topic "Who is my Neighbour and other Gospel encounters with the Lord". Would you be interested in participating in this faith-sharing opportunity? Yes  No

**PHOTOGRAPHY/VIDEOGRAPHY WAIVER:** I understand that I may be photographed or recorded on video during the course of Youth/Young Adult Ministry events. I provide consent for my image to be used in print, electronic, or video and used by St. Helen's Parish on the website, in newsletters, for the use of acknowledgments/appreciation and other promotional aspects involved with the Youth Ministry activities. YES      NO      *(MUST CIRCLE ONE)*

I consent and acknowledge the above information to be correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\* For more information, please contact St. Helen's Youth Ministry at [shcYOUTH@hotmail.com](mailto:shcYOUTH@hotmail.com) \*\***

\*\*\*\*\*

OFFICE USE ONLY: Date Submitted: \_\_\_\_\_ Registered Entry #: 011- \_\_\_\_\_ Survey on File: \_\_\_\_\_