



# Core Support Application

Core Support/Food Support/Life Teen Band

Support Team members should possess the following qualities: a personal commitment to Jesus Christ, an unconditional love for teenagers, a love for the Catholic Church, regular participation in Sunday worship, a personal prayer life, freedom from serious sin, regular reading of Scripture, and openness to using the gifts of the Holy Spirit. Team members must be open to annual training and completing all VIRTUS/background checks set forth by the Diocese of Richmond.

## PLEASE TYPE OR PRINT LEGIBLY:

Ministry Discerning:

Core Support

Food Support

LT Band

Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_

Complete Address \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

E-mail \_\_\_\_\_

School/College \_\_\_\_\_ Grade Completed \_\_\_\_\_ Graduation Year \_\_\_\_\_

AND/OR

Occupation/Title \_\_\_\_\_

## INSTRUCTIONS:

Please type or print your answers to the following questions on a separate sheet of paper and attach to this form when finished. Be sure that your answers are numbered correctly. The purpose of these questions are so that we can get to know you on a more personal basis and on different levels. Rest assured that all information will be held in strict confidence by our Life Teen/Faith Formation Staff.

## QUESTIONS:

1. Briefly describe your spiritual journey. How did you come to know and follow Christ?
2. Describe your prayer life. Include when and how you pray and what spiritual resources you may be using to deepen your faith.
3. What do you see as the primary purpose of youth ministry?
4. What do you value most about Catholicism?
5. What aspect of our faith would you like to learn more about?

## WHAT ARE YOUR INTERESTS, LIKES, AND PET PEEVES? TELL US!

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### FOR CORE SUPPORT ONLY:

What types of experiences would you be most interested in helping with?

\_\_\_\_\_Retreats      \_\_\_\_\_Transportation      \_\_\_\_\_Decorating/Environment  
\_\_\_\_\_Service Opportunities/Projects      \_\_\_\_\_Social Events  
\_\_\_\_\_Office Help      \_\_\_\_\_

### FOR FOOD SUPPORT ONLY:

Which session would you like to help prepare/serve the meal for?

\_\_\_\_\_ Life Teen/Confirmation (Sunday nights, meal begins right after Mass)  
\_\_\_\_\_ Sunday Edge (Sunday afternoons, meal begins at 3pm)  
\_\_\_\_\_ Monday Edge (Monday evenings, meal begins at 5:30pm)

### FOR LIFE TEEN BAND ONLY:

Instrument Played \_\_\_\_\_

How many years playing? \_\_\_\_\_ Can you transpose music? \_\_\_\_\_

Your signature below will be considered an acknowledgement of the following:

"I agree that all of the information on this sheet is true to the best of my knowledge. In addition, I grant permission to the St. Michael pastoral staff, in connection with this application, any and all forms required by the Life Teen program (including, but not limited to, an application for child abuse/neglect screening form to be submitted to the Department of Social Services)."

Thank you for taking the time to fill out this application. We will be in touch with you soon!

Signed \_\_\_\_\_ Date \_\_\_\_\_

Completed discernment applications may be e-mailed to [mhorvath@saint-mikes.org](mailto:mhorvath@saint-mikes.org) or dropped off at the Parish Office or in the collection basket, c/o Mike Horvath.