

Youth Information Sheet

Name_____

Age_____ Birth date_____ Grade_____

School_____

Address_____

City_____ Zip Code_____

Phone # _____ E-Mail_____

Parents Names_____

Siblings Names and Ages_____

1. What do you like to do for fun?
2. What do you like about school?
3. What do you want to do with your life?
4. How is your relationship with God?
5. What do you like about the youth group?
6. What would you change if you could?
7. What would you like to see the youth group do in the future?
8. If called upon, would you be willing to help make those things happen?