

Grace Presbytery
STARS
Youth Leadership Development Program
Adult Application

Name: _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: Home: _____ **Cell:** _____

Email: _____

Church Name: _____

Address: _____ **City:** _____ **Zip:** _____

Endorsement of Pastor: _____ **Church Phone:** _____

Please state why you would like to work with the Youth Leadership Development Program in Grace Presbytery.

What are the gifts you have to offer as an Adult Leader?

Please list two adult church members who may serve as references for you:

Name: _____ *Phone:* _____

Email: _____

Name: _____ *Phone:* _____

Email: _____

Comments: _____