



**Youth Application for June 2019  
Due Sunday, October 28, 2018**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone(s): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please complete the following questions about volunteering for ASP, with the St. Luke UMC youth, and you as an individual volunteer. Please print your answers and use extra paper if needed.

**Why are you volunteering for ASP?**

**How will volunteering with ASP help you grow as a person?**

**How will volunteering for those in need help you? Help society?**

**How will you use the skills learned through ASP to help impact others' lives positively?**