

ST. CHARLES BORROMEO FOUNTAIN OF YOUTH

YOUTH MINISTRY PROGRAM

The St. Charles Borromeo Fountain of Youth is a unique Youth Ministry Program open to all young people in the St. Charles Borromeo Church Parish in grades 9 – 12. This program offers young people the opportunity to get together with their peers, develop meaningful friendships, make lasting memories and learn to become one community in Christ.

The goal of the Youth Ministry Program of St. Charles Borromeo Parish is to provide a place for the young people to learn about God, serve others, share their faith, grow spiritually, develop meaningful friendships and discover who they are in their relationship to Christ. Our hope is that they will grow in love and faith and be made aware of what is needed in our Christian community.

The St. Charles Borromeo Youth Ministry Program is made up of six components of Youth Ministry through the Archdiocese of New Orleans Youth Ministry Program: Apostolic, Service, Spiritual, Service, Social, Cultural and Athletics.

Membership dues are \$25.00 per person for the year. Please fill out the attached Membership Profile, Liability Consent/Release Form and Medical Form and return along with a check made payable to the SCB Fountain of Youth to become a member of this fast-growing youth ministry program.

Youth work is a unique ministry which involves youth and adults working together in such a way that blesses the lives of both. St. Charles Borromeo Parish is blessed to have so many loving, caring adults who are willing to give of their time and share their God-given gifts, talents and abilities to help raise our teens to Christian maturity.

For more information contact:

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St. Charles Borromeo Parish

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ST. CHARLES BORROMEO FOUNTAIN OF YOUTH

MEMBERSHIP PROFILE 2009-2010

NAME : _____

ADDRESS: _____

HOME PHONE # _____

CELL PHONE # _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ AGE: _____ SEX: _____

SCHOOL _____ GRADE _____

HOBBIES & INTEREST _____

PARENT'S NAME _____

PARENT'S ADDRESS _____

PARENT'S E-MAIL ADDRESS _____

PARENT'S HOME PHONE # _____

PARENT'S CELL PHONE # _____

T-SHIRT SIZE small medium large x-large xx-large xxx-large

FOR OFFICE USE ONLY

DATE PROFILE RETURNED _____

DATE LIABILITY FORM RETURNED _____

DATE MEDICAL FORM RETURNED _____

DATE DUES PAID _____