

Please return to YOUTH MAILBOX
(Located at the Youth Welcome Center)

- High School
- Middle School (7th-8th Grade)



Discipleship Group Application



Date: _____

First Name: _____ Last Name: _____

Gender: Male Female Age: _____ Grade: _____ School: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Have you accepted Christ as your personal Savior? _____ If yes, please give a brief statement of your faith. (Please use space on back of this sheet if needed).

What do you understand the commitment level of a DG to be?

Why are you interested in joining a DG?

Please list all extracurricular/school activities that you are or plan to be involved in this year:

Please list any other information you feel would help us in placing you in a DG:

I understand the importance of my child's participation and commitment to DG. I am willing to support him/her in this commitment.

Parent Signature: _____ Date: _____

For office use only:

Received application: _____ First Contact with Student: _____ Added name to DG List: _____ Placed student in DG: _____