



SYLC

SALESIAN • YOUTH • LEADERSHIP • CONFERENCE

SPIRIT TEAM 2020

INFORMATION

Last Name: _____ First Name: _____

D.O.B : _____ Age: _____ Cell Phone: (____) _____

Email: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Site (Parish/Center/School): _____

QUESTIONNAIRE

Please **TYPE** your response on a **SEPARATE** sheet of paper. Please make sure your name is on your response.

1. When year did you attend SYLC?
2. What specifically appeals to you about being on Spirit Team?
3. Describe your relationship with God or your spirituality (prayer life, faith-community involvement, ways in which you nourish your soul, service experiences, etc.).
4. What gifts/talents and leadership skills do you feel you could bring to Spirit Team?
5. What previous retreat, leadership, or team building experiences have you been a part of, either as a leader or a participant?
6. Being on Spirit Team is a big commitment. There are 3 important meetings before SYLC the dates are as follows. **Jan 17-20, March 27-29, and June 5-8.** Looking at your schedule for the next few months, do you see anything that might conflict with being able to make time for the needs of the team (clubs, sports, academics, other activities)?
7. Spirit Team can and will be responsible for planning and leading any/all of the following responsibilities. Please check off the ones that most appeal to you:

- ☐ Writing and performing skits
- ☐ Team building games
- ☐ Arts and crafts
- ☐ Theme building and décor
- ☐ Sports/recreation
- ☐ Prayer and meditation

- ☐ Photography/videography
- ☐ Meal and snack planning
- ☐ Public speaking
- ☐ Small group facilitation
- ☐ Organizational skills
- ☐ Other: _____



SPIRIT TEAM 2020

RECOMMENDATION

To be filled out by your Youth Minister/Teacher/Coach

Applicant's name: _____

Name of Reference: _____

Position: _____

Date: _____ Phone: (_____) _____ - _____

Email: _____

This individual has applied for leadership position as part of the Spirit Team for the Salesian Youth Leadership Conference, a week-long training of Salesian spirituality and leadership. We would greatly appreciate your honest and candid evaluation of this individual. This information will be held in the strictest of confidence. Processing of the candidates' application will not continue without receiving this reference.

Should you have any questions, please feel free to call (562) 925-2250 ext. 203. We thank you for your assistance in helping us choose the best members for our team.

Mail completed form by **November 30, 2019** to
Salesian Youth Ministry Office
ATTN: Gina Robles
P.O. Box 4398
Downey CA 90241

PLEASE CHECK THE BOX THAT BEST APPLIES TO THE APPLICANT:

Applicate Name: _____

Recommended By: _____

	Superior	Above Average	Average	Below Average	Don't Know
Character/ Judgment					
Confidence					
Dependability					
Initiative					
Reactions to Pressure					
Work ethic					
Attendance/ Punctuality					
Overall attitude					
Peer relationships					
Willingness to go the extra mile					
Reactions to Constructive Criticism					
Friendliness					
Internal motivation					

	Superior	Above Average	Average	Below Average	Don't Know
Emotional control					
Adaptability/ flexibility					
Ability to work in groups					
Maturity					
Willingness to cooperate					
Creativity and imagination					
Ability to mentor peers					
Adherence to policies/rules					
Example of Faith					
Ability to work with adults					
Sense of Humor					
Accountable					
Ability to Share Ideas					