

STUDENT YOUTH RUSH APPLICATION

Questions? Visit youthrushcentral.org or call 559.347.3151 Fax: 559.347.3120
P.O. Box 770, Clovis, CA 93613.

First and Last Name:

E-mail address:

Date of Birth ___ / ___ / ___

Gender: Male or Female

Age: _____

Marital Status: _____

Home phone (____) _____ Cell-Phone (____) _____

Home Address:

City _____ State _____ Zip _____

School Name:

School Address (if boarding):

City _____ State _____ Zip _____

Year in School: _____

Which school will you attend next year?

How long have you been Adventist?

What are your hobbies?

What type of music do you enjoy?

Do you speak Spanish? _____

Why do you desire to canvass?

How did you hear about Youth Rush?

Would you be interested in SOULS West? Yes or No

REFERENCES:

1.PASTOR'S NAME:

Address:

City _____ State _____ Zip _____

Phone: (____) _____

2.OTHER (Non Relative):

Address:

City _____ State _____ Zip _____

Phone: (____) _____

PARENT OR GUARDIAN INFORMATION:

Father's Name:

Mother's Name:

Address:

City _____ State _____ Zip _____

Phone: (____) _____

Any other comments:

The Seventh-day Adventist church sponsors California Youth RUSH programs.

PLEASE MAIL OR FAX COMPLETED APPLICATION TO:
CALIFORNIA YOUTH RUSH, PO BOX 770, CLOVIS, CA 93613
FAX: 559.347.3120