

# ENROLMENT FORM



## About yourself

|         |               |
|---------|---------------|
| NAME    | DATE OF BIRTH |
| ADDRESS | HOME PHONE    |
|         | MOBILE        |
| EMAIL   |               |

Have you been baptised?  YES  NO

Have you been confirmed?  YES  NO

WHY DO YOU WANT TO DO THE FAITH PROJECT?

YOUR SIGNATURE

DATE

## Your Church

|   |
|---|
| CHURCH NAME   |
| CHURCH ADDRESS  |
| CHURCH EMAIL  |
| You will need a church leader or minister to support you. |
| LEADER'S NAME   |
| LEADER'S SIGNATURE  |

## Mentoring

We encourage every participant to have a mentor.

I already have a mentor

|                    |
|--------------------|
| MENTOR'S NAME      |
| MENTOR'S SIGNATURE |
| MENTOR'S EMAIL     |
| MENTOR'S PHONE     |

I would like help finding a mentor

## Parent/Guardian Consent

I agree to  taking part in The Faith Project and I understand that this is a project that he/she will be involved in over the next 2 years. I am aware that the church and mentor will be supporting him/her during this time.

PARENT/GUARDIAN'S SIGNATURE

DATE

Scan and email a copy of your completed form to [thefaithproject@anglicanyouth.org.nz](mailto:thefaithproject@anglicanyouth.org.nz)