

Superfund Student Application

Christ United Methodist Church Student Ministry

Name: _____ Date: _____

Address: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Preferred way of contact (phone, cell, or email)? _____

Are you working towards a specific trip (if so, please include date)?

What types of job will you be willing or able to do? Any special skills or experience?

Anything else you would like us to know about you? _____

Parental Permission

I give my child permission to participate in the Superfund program. I understand that I am responsible for providing my student with transportation as needed. I am aware that all funds earned must go towards Christ Church student events and programs.

Signature: _____ Date: _____