

# QUESTIONNAIRE



**EDGE**<sup>®</sup>

Catholic Middle School Ministry

NAME: \_\_\_\_\_

YOUTH DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

YOUTH CELL NUMBER: \_\_\_\_\_

YOUTH SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF PARENTS/GUARDIANS: \_\_\_\_\_

PARENTS/GUARDIANS EMAIL: \_\_\_\_\_

PARENTS/GUARDIANS PHONE #: \_\_\_\_\_

BEST NUMBER DURING THE YOUTH NIGHTS & RETREATS

WOULD YOU LIKE TO RECEIVE TEXT MESSAGES ABOUT YOUTH MINISTRY?

\_\_\_\_\_ YES \_\_\_\_\_ NO

WOULD YOUR YOUTH BE INTERESTED IN GOING ON SUMMER TRIPS?

\_\_\_\_\_ YES \_\_\_\_\_ NO

WOULD YOUR YOUTH BE INTERESTED IN GOING ON WEEKEND RETREATS?

\_\_\_\_\_ YES \_\_\_\_\_ NO

WOULD YOUR YOUTH BE INTERESTED IN GOING ON A WEEK RETREAT?

\_\_\_\_\_ YES \_\_\_\_\_ NO

MY YOUTH IS INVOLVED IN THE FOLLOWING EXTRA CURRICULAR ACTIVITIES AND/OR SPORTS IN AND OUTSIDE OF SCHOOL:

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MY YOUTH'S HOBBIES ARE:

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I AM INTERESTED IN BECOMING A VOLUNTEER WITH THE EDGE PROGRAM!

\_\_\_\_\_ YES \_\_\_\_\_ NO