



Youth on the Rock Profile Information

Name _____ Nick Name _____

Address _____ City _____ Zip _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Birthday ____/____/____ Email _____

Parent's name(s) _____

Do you live with both parents? Yes/No If not, whom do you live with? _____

Brother's/Sister's names _____

What is Your Favorite Thing To Do? _____

What is your favorite outdoor activity? _____

What is your favorite indoor activity or game? _____

Do you play sports? ____ If so, which one(s)? _____

What is your favorite Sport, Team & Athlete? _____

3 Favorite TV shows _____

What type (genre) of music do you enjoy? _____

3 Favorite Bands _____

Do you play, and/or want to play an instrument? _____ Which instrument? _____

3 Favorite Worship Songs _____

Favorite Drink _____ Favorite Food _____

Do you consider yourself to be a follower of Jesus Christ and his teachings? _____

Who do you look up to and consider your Hero ? _____ Why? _____

How often do you read the bible? _____ Favorite Bible Verse? _____

What do you want to do when you're an adult? _____

Would you like to connect with a mentor through our Network? Yes / No