



STUDENT APPLICATION

Questions? visit youthrushcentral.org or call 559.347.3151 Fax: 559.347.3120
PO Box 770, Clovis, CA 93613.

First and Last Name: _____
E-mail _____
Date of Birth ___ / ___ / ___ Gender: _____ Age: _____ Marital Status: _____
Home phone(____) _____ Cell-Phone _____
Home Address _____ City _____ State _____ Zip _____

School Name _____ School Address (*if boarding*) _____
City _____ State _____ Zip _____ Year in School? _____
Where do you plan to attend school next year? _____

Citizenship: _____ Do you have a Social Security Number? _____
How long have you been an SDA? _____ What are your hobbies? _____
What is your favorite kind of music? _____ Do you speak Spanish? _____

Why do you desire to canvass? _____

How did you hear about this program? _____
Do you have an interest in SOULSWEST? _____

REFERENCES

1.PASTOR _____ Phone _____ Address _____

2.OTHER (Non Relative) _____ Phone _____ Address _____

PARENT OR GUARDIAN INFORMATION

Father _____ Mother _____

Address _____

City _____ State _____ Zip _____ Phone _____

Any other comments: _____

California Youth RUSH programs are sponsored by the Seventh-day Adventist church.

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