



Youth Name:

Date:

Mark the things that you like to do in your leisure time at home.

Sports:

Baseball

Basketball

Football

Running / Track

Soccer

Wrestling

Volleyball

Activities:

Bike Riding

Spending time with friends

Board Games

Singing, Rap, Writing

Card Games

Play Pool

Collecting sports cards

Puzzles

Reading books

Swimming

Fishing

Going to the movies

Hunting

Horseback Riding

Video Games

Dancing

Exercising, Weights

Gymnastics

Listening to music

Skate Boarding

Other:

Things you would like to learn about:

Working on computers

Public speaking

Social etiquette

Parenting

Financial Planning

Drama

Electronics

Cooking

Pets / Animals

Car maintenance

Art: drawing / painting

College

Chess

Gardening

First Aid / CPR

School / Church / Community Organizations

Other:



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**Describe your religious preference regarding counseling, services and interests.
If you have a special need as it relates to your religion, please notify staff.**

Church / Religious Preference:

Protestant (Baptist, Methodist, etc.)

Catholic

Jewish

Muslim

Other:

Would you want your minister / religious leader to visit you?

Yes

If yes, minister's name:

No

How often would you like to attend church?

Yes

Do you expect visits from your family?

No

If no, why not?

What would need to be done to have them visit you?

I am interested in the following while here:

Sunday School

Bible Study

Worship Services

Religious Counseling

Youth Signature

Date

Person Completing Form

Date

Chaplain

Date



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