



KING of KINGS

LUTHERAN CHURCH

Student Leader Form

Name _____ Grade 2024/25 _____ T-Shirt Size _____ Birthday _____

Parent Cell Number _____ Student Cell Phone _____

Okay to text? Yes No

Address _____ City _____ Zip _____

Email Address _____

Parent's Email Address _____

Please check the programs you would like to volunteer for:

- | | |
|---|--|
| <input type="checkbox"/> VBS AM (June 16-20) | <input type="checkbox"/> Kids of the Kingdom 9:30 |
| <input type="checkbox"/> VBS PM (June 16-20) | <input type="checkbox"/> Kids of the Kingdom 10:45 |
| <input type="checkbox"/> American Girls Camp (July 14-18) | <input type="checkbox"/> SERVE Camp (Aug 4-8) |

Please answer the following questions:

1. Is King of Kings your home church? Yes No

Do you regularly attend another church? If so, which one? _____

2. Why are you interested in being a student leader?

3. What extra-curricular activities are you involved in?

4. How are you continuing to grow in your faith?

5. What Bible verse/passage has been impacting you lately? Why is it so powerful for you?

6. Describe in your own words what it means to have a heart of service.

7. What are you passionate about?