

*Holy Family Catholic Church*  
*Office of Youth Ministry*  
 14160 Ferndale Road Dale City VA 22193  
 phone (703) 670-8161 ext.311 fax (703) 670-8323  
[youthministry@holyfamilydalecity.org](mailto:youthministry@holyfamilydalecity.org)

**Holy Family Summer Friendship Program  
 Application for Program Director**

**REFERENCES**

**NAME** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Reference Requested by** \_\_\_\_\_

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Please be candid. Use additional paper if necessary.  
 You may email your responses to [youthministry@holyfamilydalecity.org](mailto:youthministry@holyfamilydalecity.org).

How long have you known the applicant and in what capacity?

Please describe the applicant's ability to work with young people.

What do you feel are some of the applicant's gifts and talents that he/she would bring in working with young people?

What are some of the applicant's chief weaknesses or areas for growth?