Junior Board Application Form



Name (First, Middle, Last)	
Age	Date of Birth
Address	
City St	ate Zip
E-mail	Phone
School	Grade
Church	
How did I learn about the Junior Board?	
PARENTS/GUARDIANS:	
Name	Name
Phone	Phone
E-mail	E-mail
REFERENCES:	
Please provide two spiritual references (i.e. N	Mentor, Pastor, Youth Minister, Teacher)
·	,
Reference #1	
Name	
Relationship	
E-mail	Phone
Reference #2	
Name	
Relationship	
E-mail	
My signature below affirms that I fully support Junior Board I agree to serve in a way that gl	rt the mission and vision of As Our Own, and if appointed to the orifies God.
Student Signature	Date
Parent/Guardian Signature	Date
Please submit this application, along with you As Our Own office no later than Friday, Octobe	or completed essays, visual expression and reference letters to the er 25th.

Our Vision

Our Mission

As Our Own

to transform the way the world cares for vulnerable children.

to fulfill the sovereign purpose God has for vulnerable children in India, caring for them as our own, for life.

1717 St. James Place, Suite 220 Houston, Texas 77056 asourown.org