



**NOMINATION FORM for LEADERSHIP TEAM
HOLSTON CONFERENCE COUNCIL ON
YOUTH MINISTRIES**

By August 26, 2005, send completed form to:
Holston Conference Council on Youth Ministries
P. O. Box 2506, Johnson City, TN 37605-2506
Fax: (423) 928-8807

Affix a recent photograph

(required)

I. PERSONAL DATA

Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Church: _____

Year of Graduation _____ District: _____

II. Office for which you wish to be considered on Youth Council

_____ President

_____ Vice President

_____ Recording Secretary

_____ YSF Representative

_____ Corresponding Secretary

_____ Chaplain

III. EXPERIENCE: (To be filled out by nominee)

How long have you been a member of your local church? _____

What leadership experience have you had in the local church? _____

Are you active in cluster or district youth activities? _____

Have you ever held an office in cluster or district? _____

If so, what office? _____

In what extra-curricular activities are you involved? _____

What leadership role have you held in above activities? _____

IV. State briefly why you would like to serve as an officer of the Conference Youth Council _____

V. State briefly the gifts and talents you have been given that you will bring to the office for which you will be considered. _____

VI. Will you agree that if elected, you will attend all Conference Youth Council meetings and Committee meetings which require your attendance, unless an emergency arises? _____ Will you attend conference youth events which are held during your term of office? _____ (\$50 scholarship available from CCYM for one conference youth event) . Will you agree to read a reasonable amount of materials to better prepare yourself for leadership in Holston Conference youth activities? _____ Will you allow your social standards to reflect the responsibility of a leader of youth of the conference? _____

COVENANT

After carefully considering/answering the above questions, I agree to their intent and will do my best, if elected to incorporate all of them as part of my life from the time of election until I am replaced in office in future elections according to the Policies of Holston Conference United Methodist Youth.

Signed

VII. (To be completed by parents)

We (I) agree for _____ to accept, if elected, the office to which he/she has been nominated. We will cooperate and encourage full participation and preparation for the responsibility which the office carries.

Signature of parent or guardian

VIII. (To be filled in by pastor or youth director)

I recommend _____ as a proven leader of youth in the _____ United Methodist Church, and as a youth with ability to lead effectively in the Holston Conference Youth Ministry.

Signed