



NOMINATION FORM for CCYM Representative HOLSTON CONFERENCE COUNCIL ON YOUTH MINISTRIES

Completed form should be submitted to your District Youth Coordinator.
Visit www.holstonyouth.com for more info.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ AGE _____ BIRTH DATE _____ EMAIL _____

HIGH SCHOOL _____ GRADE _____

Membership at which UM Church ? _____ How Long ? _____

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

Are you active in district youth activities? _____ What? _____

What conference events have you attended? _____

Briefly state why you would like to be elected to the CCYM. _____

By running for election, you agree that if elected, you will attend Conference and District Youth Council meetings and events, participate in your local church activities, try to attend Jr. High / Sr. High Assembly or Worship Arts Ministry, and Annual Conference and allow your social standards to reflect the responsibility of a leader of youth.

Signed

Date

(To be completed by Parent(s) or Guardian)

We (I) allow _____ to accept and perform, if elected, the responsibilities associated with being a CCYM member. We will cooperate and encourage full participation.

Signature of Parent(s) or Guardian

Date

(To be completed by pastor or youth leader)

I recommend _____ as a proven leader of youth in our church and as a youth with the ability to lead effectively in Holston Conference Youth Ministry.

Signature of Pastor/Youth Leader

Date