

**YOUTH MINISTRY TEAM
YOUTH MINISTRY ADVISORS NOMINATION INFORMATION (FORM B)**

NAME _____ GENDER _____

DATE OF BIRTH _____ RACE/ETHNICITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE(S) Home _____ Work _____ Cell _____

CHURCH MEMBERSHIP _____

CURRENTLY SERVING AS A YOUTH MINISTRY LEADER WITH:

(Name of congregation) _____

ARE YOU A TEACHING ELDER (MINISTER) RULING ELDER YOUNG ADULT

SPECIAL NEEDS? _____

Please provide concise answers to these questions, attaching additional pages as needed.

List the attributes and skills you offer with your local church, or experience that is helpful to share as an Advisor serving on the Youth Ministry Team:

Please provide a statement of the reasons for your interest in serving as a member of the Youth Ministry Team or why you are nominating someone else for this service:

Please save and print this application form to your computer.
Return the form as an email attachment to Chris Lieberman
at chris@staugpres.org.