

**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](mailto:chris@staugpres.org).