

YOUTH MINISTRY TEAM
YOUTH NOMINATION INFORMATION (FORM A)

NAME _____

DATE OF BIRTH _____ RACE/ETHNICITY _____

GENDER _____ GRADE IN THE FALL OF 2019 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE(S) Home _____ Cell _____

CHURCH _____

SPECIAL NEEDS? _____

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

List your service in and/or through your local church:

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.