Northern Ohio District Youth Cabinet Recommendation

Name of youth:	
Address:	
City/State/Zip	
Phone:	Cell with text
Email:	
Church:	
Grade: ☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior	
Parent/Guardian Name:	
Phone:	Cell with text
Email:	
Person Making Recommendation	
Name:	
Church/District Position:	
Phone:	Cell with text
Email:	
Please tell us a little about this youth: Member of congregation: □ yes □ no Active Church/Sunday School Attendance: □ yes □ no Leadership Skills: □ yes □ no Holds Leadership Position in Church/School: □ yes □ no If Yes List:	
Please give a short description why you feel this youth would be a good candidate to District Youth Ministry Team.	for leadership on the

Northern Ohio District Youth Cabinet Recommendation

Name:	
Address:	
City/State/Zip	
Phone:	Cell with text?
Email:	
Church:	
Job/Career:	
Person Making Recommendation	
Name:	
Church/District Position:	
Phone:	Cell with text?
Email:	
Please tell us a little about this youth: Member of congregation: □ yes □ no Active Church/Sunday School Attendance: □ yes □ no Leadership Skills: □ yes □ no Holds Leadership Position in Church/Community: □ yes □ no If Yes List:	
Married: ☐ yes ☐ no (not required)	
Please give a short description why you feel this person would be a good candidate f District Youth Ministry Team.	For leadership on the
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Return form to Billi Janet Burkey, billijanet@aol.com 7980 Hebron Ave. NW, Louisville, OH 44641, 330-418-1148 Thank You!