

District NYI Council Nomination Acceptance

BIO

Name _____ Grade completed _____

Phone _____ Email _____

Address _____ State _____ Zip _____

City _____ Years at present church _____

Church Name _____ Are you a member _____

(Include a recent head-shot picture of yourself to be posted with your information)

LEADERSHIP/MINISTRY

Local NYI & church (list ways you have been involved in your local youth group and church, i.e. areas of leadership, service, and ministry)

District NYI (ways you have been involved in district events/ministry)

Other involvement/accomplishments (school, work, community, etc.)

By filling out and sending in this form you are allowing your name to be placed on the District NYI Council ballot as an Age Level Representative. You are also agreeing to do your best to attend all District NYI sponsored events and the initial District NYI Council Meeting.

*Signature

Date

*Parent Signature (Jr. & Sr. High Reps only)

Date

*type name as digital signature