

DYC/CCYM YOUTH APPLICATION

NOTE: Your completed application should be sent to your District Coordinator/District Office.

PLEASE INDICATE WHICH YOU ARE INTERESTED	IN:				
☐ District Youth Council (DYC) ☐ Conference	e Counci	il on Youth Ministri	ies (CCYM)		
FIRST NAME:	LAST N	LAST NAME:			
ADDRESS:	CITY, S	TATE, ZIP:			
HOME PHONE:	CELL PH	CELL PHONE:			
HOME CHURCH:	DISTRI	DISTRICT:			
EMAIL:	1		GRADUATION YEAR:		
PARENT EMAIL:		PARENT CELL PHON	VE:		
PLEASE SHARE WITH US YOUR LEADERSHIP SKILI	LS/ABIL	ITIES AND EXPER	IENCE:		
PLEASE LIST YOUR CURRENT INVOLVEMENT IN EXCHURCH/SCHOOL/COMMUNITY:	XTRA-CL	JRRICULAR ACTIV	ITIES AT YOUR		
		,			
SPECIAL TALENTS (I.E. COMPUTER, PHOTOGRAPH	IY, ETC.)				
WHAT CAMPS/MISSION TRIPS HAVE YOU PARTIC	IPATED	IN?			
I realize that the CCYM meetings are held around commitments. I understand that events are held (Acknowledgement must be signed by applicant	d on wee	ekends and attenda			
SIGNATURE		D	ATE		
DADENT					
PARENT STGNATURE		D	ATE		

You must have 3 letters of recommendation (one must be your pastor). A separate copy of the following cover letter and recommendation form should be printed for each person completing a recommendation. The completed form should be sent directly to your District Coordinator/District Office by the person completing the recommendation. Be sure to provide a stamped envelope addressed to your District Coordinator. If you do not have this information, it can be found on our website at http://www.eocumc.com/youngpeople/district-coordinators

DYC/CCYM Recommendation Request

The applicant listed below is applying for a leadership position with the District Youth Council (DYC), or Conference Council on Youth Ministries (CCYM). Kindly assist the DYC or CCYM Leadership Team by providing information requested on the following form. Please mail this form DIRECTLY to the District Coordinator, or District Office listed below. Please do not return this completed form to the applicant.

Dear		
I am applying for a position on the		
□ District Youth Council (DYC)□ Conference Council on Youth Min	nistries (CCYM)	
This is a leadership opportunity for me, and Part of the process includes 3 letters of rec	•	e the greater church.
Will you fill out the questionnaire attached ar	nd return it to my distric	t coordinator directly at:
District Coordinator Name:		
District Coordinator Address:		
City	State	Zip
District Coordinator Email:		
Sincerely(Name of Applicant)		
(Applicant District)		



DYC/CCYM Form Recommendation

Name	of Applicant:					
Positio	n Applied for:					
	□ District Youth Council (DYC)□ Conference Council on Youth Ministries (CCYM)					
	you have known the applicant: ty you have known the applicant:					
Is the	Applicant Confirmed in the United Methodist Church? Yes No Confirmation Date					
	respond to the following questions based on the knowledge you have of the applicant with the					
TOHOW	ng matrix. 1 — Not at all					
	2 – Somewhat					
	3 – Occasionally					
	4 – For the most part					
	5 – Always					
1.	This applicant has a solid beginning foundation in their Christian journey?					
2.	2. Applicant is very responsible and takes directions well. They can work independently as well as with others to accomplish a goal					
3.	3. This applicant is very respectful of others, peers as well as adults					
4.	4. This applicant takes initiative to "get the job done", and inspires others along the way					
5.	5. This teen is active in their own church, school and community					
6.	6. This teen is good at communicating with adults as well as other teens					
7.	7. Applicant is a good example of a Christian role model that children and their peers look up to and admire					
8.	Teen has proven leadership potential					

Please leave any comments of	or concerns you ha	ve that we have n	ot covered.	
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COCYDM	YOUNG PEOPLE'S	MINISTRIES		