The Christian Church (Disciples of Christ) in Tennessee

TCYF YOUTH CABINET
RECOMMENDATION 2020

Directions:
1. This form is to be filled out by a minister or youth leader.
2. Type or write clearly all answers, sign, scan, and email to
   rbuck@colliervillechristian.org by 5 pm on Sunday, February 23, 2020.
3. Please email this from your work/church email address.
4. If sending by mail, postmark must be on or before May 19. Mail to: The Christian Church
   (Disciples of Christ) in Tennessee / 4006 Ashland City Highway / Nashville, TN 37218 /
   ATTN: Jay Hutchens
5. Questions or concerns? Email: rbuck@colliervillechristian.org

Requirements of the youth applicant:
1. Be an active participant/leader of a Christian Church (Disciples of Christ) congregation
   in the Tennessee Region. (This is a must.)
2. Hold sophomore, junior or senior standing in high school.
3. Have attended at least one Disciples of Christ CYF Regional Youth Event (preferably
   more) within the past year and a half.
5. Have your reference submit their letter of recommendation by email to
   rbuck@colliervillechristian.org by 5 pm on Sunday, February 23, 2020.
6. Attend two planning/training events.
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Please prayerfully consider these requirements and the youth from your congregation whom you consider willing and able to serve in this ministry. Fill out the form below, one form per youth nominee. Thank you for your time and service.

Youth Name: ___________________________ Youth Grade: ___________________________

Your Name: ___________________________ Your Position: ___________________________

Church: ___________________________ Your Email: ______

Church Address: ___________________________

Your phone: ___________________________

1. Do you recommend this youth to serve on the TN Christian Youth Fellowship Cabinet?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What are some of this person’s strengths? What do they do well? How would that benefit the Cabinet/Region/Your Church?

________________________________________________________________________

________________________________________________________________________
3. Have you noticed any area of weakness that is cause for concern? If selected what areas do you suggest this person work toward improving?

4. I am interested in serving as a future Youth Cabinet Sponsor. Yes o

5. I am interested in counseling camp. Yes o
Firsters/Discover o Junior Camp o Chi Rho o Eighter’s o CYF o Adventure Camp o

5. I am interested and would volunteer as a: Keynoter o Counselor o
Camp Cook/Assistant Cook o A “get the camp ready for the season” Volunteer o Driver to Camp o None of the above o

Signature: ___________________________________________ Date: _____________

If you are not a staff member please have a ministerial staff person sign below.

Ministerial Staff Signature: __________________________ Date:

Questions? Contact Ron Buck: rbuck@colliervillechristian.org