

**Presbytery of Winnebago
Nominating Committee
Youth Advisory Delegate (YAD) Nomination Application**

Name _____

Church _____

Home Address _____

Phone _____ Email _____

Interested in serving as:

_____ Synod YAD (3 x per year) _____ General Assembly YAD (1 week/summer)

Please list your Church, the Presbytery, or your community, beginning with the most recent. (Use an additional page if necessary.)

Why would you like to serve as a Youth Advisory Delegate?

In what ways would you be willing to share your experience at the Synod meetings with your church and the Presbytery?

Session Endorsement

_____ is a member in good standing of _____ Church. At a meeting of the Session on _____, his/her application to serve as a Youth Advisory Delegate was reviewed and approved.

Pastor

Date

Clerk of Session

Date

TO BE CONSIDERED, COMPLETED APPLICATIONS MUST BE RECEIVED IN THE PRESBYTERY OFFICE NO LATER THAN SEPTEMBER 30

Winnebago Presbytery
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