

PASTOR'S RECOMMENDATION FOR YOUTH ACTIVITY COUNCIL

PLEASE COMPLETE AND SEND TO:

Youth Activity Council
Christian Church (Disciples of Christ) in Georgia
2370 Vineville Avenue, Macon, Georgia 31204-3163
DEADLINE: December 1, 2009

Name of YAC Applicant _____

How long have you known this applicant? _____

On a scale of 1 to 5, rate this person on the following qualities, 1 being the lowest and 5 being the highest.

THE APPLICANT...	CIRCLE RESPONSE				
	LOWEST				HIGHEST
Has a growing faith	1	2	3	4	5
Is a strong leader	1	2	3	4	5
Is able to take direction from others	1	2	3	4	5
Is self-motivated	1	2	3	4	5
Is a team player	1	2	3	4	5
Follows through with responsibilities	1	2	3	4	5
Is flexible	1	2	3	4	5
Has a strong commitment to the church	1	2	3	4	5
Will represent your congregation well	1	2	3	4	5
Will be supported by his/her family	1	2	3	4	5

Describe the ways in which this applicant is active in the life of your congregation.

What are the unique gifts this applicant will bring to his or her service on the Youth Activity Council?

Is there any reason this applicant should not be considered for service on YAC?

Print Name _____

Congregation _____

Contact Numbers _____

Signature _____

Date _____