

2009 Council of Synod Lutheran Youth Organization Presidents Co-chair-elect Nomination Form

Instructions: First, please review the CSLYOPs co-chair and co-chair-elect job description before filling out this form. Then answer the following questions as completely as you are able. Please write neatly! If you need more space, continue on another sheet but attach no more than one page.

This **Nomination Form will be due Saturday morning of the event.** Photocopies of all completed nomination forms will be made available to all participants. Co-chair-elects will be elected by all youth participants present at the event.

Position desired: Female Co-Chair-Elect
 Male Co-Chair-Elect

Information about you (please PRINT NEATLY):

Name: _____ Region & Synod: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ E-mail address: _____

Cell phone #: _____

Requirements for Election:

1. Are you between 15-18 years of age, or entering grades 10-12 at time of election? Yes No

2. Are you a member of an ELCA congregation? Yes No

a. Name, city and state of your home congregation: _____

Group Involvement:

- 1) What motivates you to be involved in youth ministry activities?

- 2) What church-related leadership positions or experiences have you had in your congregation, synod, region, or churchwide?

- 3) What extra-curricular activities have you been involved with at school and in your community? Indicate leadership positions.

Youth in Church and Society:

- 4) What do you see as the youth's role in the church today?

- 5) If you were elected to serve as CSLYOPs co-chair-elect, on what major concerns/issues would you urge the Board to focus?

Personal

- 6) Describe personal traits that have provided you with unique and valuable viewpoints: (See bolded explanation on last page about ethnicity and ability information)

7) What are some strengths which would help you in your work with the CSLYOPs and the LYO Board?

8) What are some of your weaknesses, and how do you think that working with CSLYOPs and the LYO Board will help you grow?

Situational:

9) In your honest opinion, check all that describe how you interpret your role as a CSLYOPs Co-Chair Elect:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Leader | <input type="checkbox"/> Servant | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Listener | <input type="checkbox"/> Team Member |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Communicator | <input type="checkbox"/> Representative |
| <input type="checkbox"/> Source of Energy | <input type="checkbox"/> Team Leader | <input type="checkbox"/> Planner |
| <input type="checkbox"/> Liaison | <input type="checkbox"/> Learner | <input type="checkbox"/> Dictator |
| <input type="checkbox"/> Organizer | <input type="checkbox"/> Disciple | <input type="checkbox"/> Other _____ |

10) Imagine a situation involving a discussion of a very difficult problem. You have friends on both sides of the issue. Seeing good reasons for both viewpoints, you know that there are no “easy answers” to the problem. How would you work to resolve the issue?

Commitment:

11) Consider and share some of the commitments and activities that you may have to give up in order to serve as a CSLYOPs Co-Chair Elect:

Commitment Clause

I understand that this position on the Board of the LYO is for a two year term beginning November 2009 through the 2011 Council of Synod LYO Presidents meeting. I further understand that part of my commitment to the LYO includes the willingness to invest much of my time. Serving in this position involves a *minimum* of four separate four-day weekend meetings per year (usually Thursday mornings through Sunday afternoons), plus a substantial amount of work assignments for which I will be responsible in between meetings via mail, phone, and e-mail. I hereby make a commitment to be present at all of these meetings and be willing to carry out LYO-related responsibilities in between meetings.

Your signature: _____ Date: _____

The 2006 Council of LYO Presidents passed a recommendation that requested that the boxes for ethnicity and ability be removed from the CSLYOPs Co-Chair Elect Nomination form. After consulting with the Multicultural Advisory Committee to discuss and evaluate the purpose of this demographical portion of the Nomination form, it was decided by the LYO Board that the value of this form for the vision of ELCA is still significant to track in that it helps interpret how churchwide ministry is inclusive of the leadership of Definitely-abled and Multicultural leaders across the church. As a compromise, this page of the form will not be distributed to the participants of CSLYOPs with the rest of the Nomination form. Question #6 under the ‘Personal’ section is your space to describe what you would like to describe about your background and/or abilities.

Describe your ethnicity and ability by checking a box and explaining below if you want to:

- | | |
|--|---|
| <input type="checkbox"/> Arab and Middle Eastern | <input type="checkbox"/> Definitely-abled |
| <input type="checkbox"/> Latino/Latina | <input type="checkbox"/> African descent |
| <input type="checkbox"/> Asian and Pacific Islander | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> Multi-ethnic |
