

Nomination Form

2024-2025 North Carolina Youth Advisory Panel

Nomination form must be completed by the Acteens, Challengers, or Youth on Mission Teacher, Youth Leader, or WMU Director and mailed to WMU NC, PO Box 4249, Cary, NC 27519, or emailed to: slamkin@wmunc.org by **June 30, 2024**. Please be sure that the youth you are nominating meets the following requirements:

1. Must be a Christian and an active member of a North Carolina Baptist Church.
2. Must be at least 14 years of age and in the ninth grade or above.
3. Must be a participant of Church Youth Missions opportunities (Acteens, Youth on Mission, Student Journey, youth group, mission trips or activities, etc.)
4. Must have at least one of the following options:
 - Worked/working on MissionsQuest
 - served on a Mission Trip Team
 - works with another WMU age level organization (Mission Friends, GAs, RAs, CAs, etc.)
 - participates/leads in ongoing youth mission ministry projects.
5. Must be willing to attend the following meetings: (WMU NC will provide lodging and meals.)
 - Panelist Retreat - Fall 2024 (This is a mandatory retreat, and the date is determined after the panelist are selected.)
 - Missions Extravaganza – April 2025 (required event)
 - Any other retreats, Children’s Days, speaking engagements (this will be voluntary but encouraged)
6. Must agree to control and promote through WMU NC Youth social media
7. Must agree to serve from September 2024-August 2025
8. Must remain active in youth missions throughout year of service.
9. Must have parental/guardian consent.
10. Completed application* by the youth must be received by mail or email by **July 31, 2024**.

*This application will be mailed to the youth that are nominated.

Please print in BLACK INK or TYPE the following information:

I. Nominee Information:

Name _____ Age _____

Birth date _____

Mailing Address _____ City _____

Zip Code _____

Email Address _____

-----Social Media Account names/handles

Cell Phone (____) _____

Name of Parent/Guardian _____

School _____

Grade _____

Church _____

Church Address _____

Pastor's Name _____

Pastor's Phone or Email _____

II. Nominator Information:

Name _____

Phone _____ **Email Address** _____

Mailing Address

Why are you recommending this youth to be on the 2024-25 North Carolina Youth Advisory Panel?

Your Signature _____

Date _____