



**East Region of the International Youth Department
Church of God in Christ**

*Dr. Benjamin Stephens, IYD President Evangelist Joyce Rodgers, IYD Chairlady
Bishop Marc Thomas, East Region President Missy. Renee Adams, Chairlady*

East Region Youth Advisory Council Application Date:

All forms must be completed, typed, and submitted via mail, e-mail, or faxed by **March 1, 2020**. Incomplete applications will not be accepted. Due to required signatures, all signed applications must be presented at the Regional Rally prior to final approval.

Applicant Information

Full Name:		Jurisdiction:	
Address:		Date of Birth: (mm/dd/yy)	
City/State:		Zip Code:	
Primary Phone:		Alt. Phone(optional):	
Church Name:		Pastor:	
Church Address:		Church Phone No.:	

Details

Please list any auxiliaries or ministries you participate in (or have participated in) below:

--

Please list any community service or organized sports you participate in (or have participated in) below:

--

Current or Past Leadership Roles (Optional):

--

Signatures (Required)

By signing this form, I confirm that I understand all the terms and conditions of the application process. I attest that the above and all attachments are accurate.

<i>Signature of Applicant</i>	<i>E-mail Address</i>	<i>Date</i>
<i>Signature of Parent /Guardian (if under age 18)</i>	<i>Telephone Number</i>	<i>Date</i>
<i>Signature of Pastor</i>	<i>E-mail Address</i>	<i>Date</i>
<i>Signature of Jurisdictional Youth President or Chairlady</i>		<i>Date</i>

In no more than 250 words, describe who you are and why you are interested in being a representative for the youth in the East Region. Feel free to share any ideas or suggestions you have that you believe would benefit the youth of the Region if you are selected to serve on this council.

Reference Name:		Evening Phone:	
Relationship to Applicant:		E-mail:	
Length of relationship to applicant:		Local Church:	

Please use the space below to provide your recommendation for this applicant:

Applicant Recommendation #2

Reference Name:		Evening Phone:	
Relationship to Applicant:		E-mail:	
Length of relationship to applicant:		Local Church:	

Please use the space below to provide your recommendation for this applicant:

Application Checklist

Check the boxes below to ensure application accuracy.

Council Board Ages 17-20

Council Chairs Ages 21-24

- Saved and Filled with the Holy Spirit (*or actively seeking*)
- Member of the Church of God in Christ and faithful participant in local ministry
- High School student or graduate
- Completed Application Form
- 250 Word Typed Essay
- Two Letters of Recommendations (*at least one letter must be from current Pastor*)
- Evidence of Community Involvement (*membership certificate or awards*)
- Applicant Signature
- Pastor and Youth Dept. Leader(s) Signature (*Parent/Guardian if under 18 years old*)

Completed applications should be
emailed to:

delia.pruitte@gmail.com

OR

Applications may be mailed to the
address below:

3631 Serendipity Road
Woodbridge, VA 22193

For more information please contact:

ERYAC Coordinator
Missionary Delia Pruitte
(571) 264-8599