**Self-Nomination Form for Synod Youth Representative**

|  |  |  |
| --- | --- | --- |
| Name | | |
| Address | | |
| Contact details (please provide an email address and a phone number) | | |
| If you are under 18 years old please provide the name and contact details for a parent or legal guardian | |  |
|  | | |
| Please provide details of an adult (age 26+) who is prepared to act as a referee for your application.  Name  Address  Contact Details | | |
| ***If you are 18 years of age or over please read and sign below.*** Please sign to confirm:   1. That you give consent for your contact details to be stored in order to share information with you about relevant events and opportunities that you may find valuable. 2. That you have obtained the consent of your referee named above to share their contact details. | | |
| Signature | Date | |
| ***If you are under 18 years of age please have your parent of person with legal responsibility to read and sign below.*** Please sign to confirm that you:   1. Have obtained the consent from the referee named above to share their contact details 2. Give consent for your contact details to be stored in order to share information with you about relevant events and opportunities that you may find valuable. 3. Give consent for the contact details of your son / daughter to be stored to contact in order to contact them directly about relevant events and opportunities. | | |
| Signature: | Date: | |
|  | | |
| Please share with us why you would like to be considered for the Synod Youth Representative Role. | | |
| *Things to consider: personal character and qualities, strengths and challenges, the story of your faith, personal aspirations, hopes for the youth of the URC…* | | |