**CONNECTIONAL YOUTH MINISTRY**

**CHRISTIAN METHODIST EPISCOPAL CHURCH**



The iLead Youth Leadership Academy is designed to

**Launch** young people ages 12-17, intoadeeper relationship with God,

**Equip** them with the resources to assist in building effective ministries,

**Advocate** as change agents for the spiritual, social and political needs of their peers, and

**Discover** their identity and purpose in the Body of Christ

Interested youth must be:

* An active members of the C.M.E. Church
* Between the ages of 12-17
* Submit 3 recommendations (Parent/Guardian, Church Leader, and School/Community Leader)
* Complete the application by **December 1, 2023.**

If you have any questions, please contact:

**Rev. Cyreeta Collins, Connectional Youth Ministry Director**

**RevCeCe@thecmechurch.org**

**Rev. Cyreeta Collins, Connectional Youth Ministry Director**

**Dr. Carmichael D. Crutchfield, General Secretary, Department of Christian Education & Formation**

**Bishop Denise Anders-Modest, Department Chair**

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| **Connectional Youth Ministry****iLEAD Youth Leadership Academy STUDENT Application** |
| PLEASE READ: *Complete this application and upload to:* **https://tinyurl.com/ILEADStudentApp***along with a**photo. Please give the recommendation forms to your parent/guardian, a ministry leader and a school or community leader. They will upload the forms directly. The deadline is* **December 1, 2023.** |
| **PERSONAL INFORMATION** |
| **NAME** |  |
| **ADDRESS** |  |
| **CITY** |  | **STATE** |  | **ZIP CODE** |  |
| **CELL #** |  | **HOME #** |  |
| **EMAIL** |  |
| **BIRTH DATE** |  | **AGE** |  | **NICKNAME** |  |
| **ACADEMIC INFORMATION** |
| **SCHOOL** |  | **GRADE** |  |
| **PLEASE LIST AND DESCRIBE YOUR INVOLVEMENT IN SCHOOL ACTIVITIES, CLUBS, AND/OR ORGANIZATIONS** | **CLASS OF** |  |
|  |
| **CHURCH INFORMATION** |
| **LOCAL CHURCH** |  |
| **PASTOR NAME** |  |
| **REGION/CONFERENCE** |  |
| **HAVE YOU MADE A PERSONAL COMMITMENT TO FOLLOW JESUS CHRIST?**  | **YES** |  | **NO** |  |
| **HAVE YOU BEEN BAPTIZED?**  | **YES** |  | **NO** |  |
| **PLEASE EXPLAIN WHEN AND HOW YOUR WALK/RELATIONSHIP WITH CHRIST BEGAN** |
|  |
| **PLEASE LIST AND DESCRIBE YOUR INVOLVEMENT IN YOUR LOCAL CHURCH, PRESIDING ELDER DISTRICT AND/OR REGIONAL LEVEL** |
|  |
| **LEADERSHIP INFORMATION** |
| **LIST SOME OF YOUR STRENGTHS & DESCRIBE A TIME WHEN YOU WERE ABLE TO USE THEM.**  |
|  |
| **LIST SOME OF YOUR WEAKNESSES & DESCRIBE A TIME WHEN THY LIMITED YOU.**  |
|  |
| **WHY DO YOU WANT TO PARTICIPATE IN THE YOUTH LEADERSHIP ACADEMY?** |
|  |
| **SHARE A TIME WHEN YOU FAILED AS A LEADER AND EXPLAIN WHAT YOU LEARNED FROM IT.** |
|  |
| **DEFINE WHAT STUDENT LEADERSHIP MEANS TO YOU** |
|  |
| **WHAT IS A VERSE/PASSAGE OF SCRIPTURE THAT HAS BEEN IMPACTING YOU LATELY? WHY IS IT SO POWERFUL TO YOU?** |
|  |
| **NAME 2 PEOPLE WHO ARE THE MOST IMPACTFUL IN YOUR LIFE AND WHY?**  |
|  |
| **WRITE OUT YOUR TESTIMONY** |
|  |

**Thank you for taking the time to complete the recommendation form. We ask that you kindly upload the application form to** **https://tinyurl.com/ILEADStudentApp** **by December 1, 2023**

**NOTE:**

**If you have any questions, please contact:**

**Rev. Cyreeta Collins, Connectional Youth Ministry Director**

**RevCeCe@thecmechurch.org****.**

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| **PARENT/GUARDIAN RECOMMENDATION FORM** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is applying to become a student leader with the Connectional Youth Ministry of the Christian Methodist Episcopal Church.  |
| **To your knowledge, has the applicant made a personal commitment to Jesus Christ?** | **YES** |  | **NO** |  |
| **Please indicate what you consider to be the applicant’s strength** |
|  |
| **Please describe any weaknesses of the applicant of which we should be aware:**  |
|  |
| **How would you best describe the applicant in the following categories?** |
|  | Excellent | Above Average | Average | Below Average |
| Social Adaptability | 1 | 2 | 3 | 4 |
| Hard Worker | 1 | 2 | 3 | 4 |
| Integrity and Honesty | 1 | 2 | 3 | 4 |
| Responsibility | 1 | 2 | 3 | 4 |
| Teachable Spirit | 1 | 2 | 3 | 4 |
| Emotional Stability | 1 | 2 | 3 | 4 |
| Leadership | 1 | 2 | 3 | 4 |
| Ability to be a Team Player | 1 | 2 | 3 | 4 |
| Open to Correction | 1 | 2 | 3 | 4 |

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| **Are there any areas of leadership that you feel would benefit the student?** |
|  |
| **Do you have any concerns regarding this student being a spiritual leader in the Connectional Youth Ministry of the Christian Methodist Episcopal Church?** |
|  |
| **Parent/Guardian Name**  |  |
| **Contact #** |  |
| **Email** |  |

**Please circle one**:

I recommend I recommend with *reservation* I *do not* recommend

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**Parent/Guardian Signature Date**

**Thank you for taking the time to complete the recommendation form. We ask that you kindly upload the recommendation form to** **https://tinyurl.com/ILEADRecommend** **by December 1, 2023.**

**NOTE:**

**If you have any questions, please contact:**

**Rev. Cyreeta Collins, Connectional Youth Ministry Director**

**RevCeCe@thecmechurch.org****.**

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| **CHURCH LEADER RECOMMENDATION FORM** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is applying to become a student leader with the Connectional Youth Ministry of the Christian Methodist Episcopal Church.  |
| **Describe your relationship to the student** | **How long have you known him/her?** |  |
|  |
| **Please indicate what you consider to be the applicant’s strength** |
|  |
| **Please describe any weaknesses of the applicant of which we should be aware:**  |
|  |
| **How would you best describe the applicant in the following categories?** |
|  | Excellent | Above Average | Average | Below Average |
| Social Adaptability | 1 | 2 | 3 | 4 |
| Hard Worker | 1 | 2 | 3 | 4 |
| Integrity and Honesty | 1 | 2 | 3 | 4 |
| Responsibility | 1 | 2 | 3 | 4 |
| Teachable Spirit | 1 | 2 | 3 | 4 |
| Emotional Stability | 1 | 2 | 3 | 4 |
| Leadership | 1 | 2 | 3 | 4 |
| Ability to be a Team Player | 1 | 2 | 3 | 4 |
| Open to Correction | 1 | 2 | 3 | 4 |

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| **Are there any areas of leadership that you feel would benefit the student?** |
|  |
| **Do you have any concerns regarding this student being a spiritual leader in the Connectional Youth Ministry of the Christian Methodist Episcopal Church?** |
|  |
| **Church Leader Name**  |  |
| **Contact #** |  |
| **Email** |  |

**Please circle one**:

I recommend I recommend with *reservation* I *do not* recommend

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**Church Leader Signature Date**

**Thank you for taking the time to complete the recommendation form. We ask that you kindly upload the recommendation form to** **https://tinyurl.com/ILEADRecommend** **by December 1, 2023.**

**NOTE:**

**If you have any questions, please contact:**

**Rev. Cyreeta Collins, Connectional Youth Ministry Director**

**RevCeCe@thecmechurch.org****.**

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| **SCHOOL/COMMUNITY RECOMMENDATION FORM** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is applying to become a student leader with the Connectional Youth Ministry of the Christian Methodist Episcopal Church.  |
| **Describe your relationship to the student** | **How long have you known him/her?** |  |
|  |
| **Please indicate what you consider to be the applicant’s strength** |
|  |
| **Please describe any weaknesses of the applicant of which we should be aware:**  |
|  |
| **How would you best describe the applicant in the following categories?** |
|  | Excellent | Above Average | Average | Below Average |
| Social Adaptability | 1 | 2 | 3 | 4 |
| Hard Worker | 1 | 2 | 3 | 4 |
| Integrity and Honesty | 1 | 2 | 3 | 4 |
| Responsibility | 1 | 2 | 3 | 4 |
| Teachable Spirit | 1 | 2 | 3 | 4 |
| Emotional Stability | 1 | 2 | 3 | 4 |
| Leadership | 1 | 2 | 3 | 4 |
| Ability to be a Team Player | 1 | 2 | 3 | 4 |
| Open to Correction | 1 | 2 | 3 | 4 |

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| --- |
| **Are there any areas of leadership that you feel would benefit the student?** |
|  |
| **Do you have any concerns regarding this student being a spiritual leader in the Connectional Youth Ministry of the Christian Methodist Episcopal Church?** |
|  |
| **School/Community Leader Name**  |  |
| **Contact #** |  |
| **Email** |  |

**Please circle one**:

I recommend I recommend with *reservation* I *do not* recommend

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**School /Community Leader Signature Date**

**Thank you for taking the time to complete the recommendation form. We ask that you kindly upload the recommendation form to** **https://tinyurl.com/ILEADRecommend** **by December 1, 2023.**

**NOTE:**

**If you have any questions, please contact:**

**Rev. Cyreeta Collins, Connectional Youth Ministry Director**

**RevCeCe@thecmechurch.org****.**