

Lutheran Youth Fellowship
Northeastern Pennsylvania Synod, ELCA



Reference Form (Pastor)
Lutheran Youth Fellowship Officers

For

Name _____

Address _____

Provided by

Name _____

Address _____

Phone (____) _____

Email _____

Please answer the questions on both sides of this form as completely as you can.

1. How well and for how long have you known this person?

2. In what ways does this person express his/her faith?

3. What strengths do you see this person bringing to the LYF Board?

4. How will serving a term on the LYF Board help this person to grow? In what ways?

5. Other comments:

Signed _____

Date _____

Thank you.

Please return this completed form by October 15, 2008 to:

Victoria Nichols

LYF Nominations and Elections Committee

49 Wargo DR

Jim Thorpe, PA 18229

Phone: 570-325-0223 or email: vicnic@ptd.net