## **NOMINATION FORM**

# Companions on the Journey Adult Service Award

### **Diocese of Little Rock, Office of Youth Ministry**



"But how can they call on him in whom they have not believed? And how can they believe in him of whom they have not heard? And how can they hear without someone to preach? And how can people preach unless they are sent? As it is written: "How beautiful are the feet of those who bring the good news!"

Romans 10: 14-15

This award is the highest recognition the Diocese of Little Rock can bestow upon an adult who demonstrates the following:

- **\*** Excellence in youth ministry as reflected in *Renewing the Vision*.
- Commitment to on-going education and formation.
- ✤ Longevity in Ministry (5+ years or more).
- Commitment to young people.
- Outstanding leadership at the local and/or Diocesan level.

Applications must be typed and submitted along with a fee of \$20.00 to the Diocese of Little Rock Office of Youth Ministry. Nominations must be received by April 3<sup>rd</sup> to be considered for this award. We are sorry but forms submitted after the deadline may not be accepted for consideration.

Name of person being nominated: _		
Address:		
City:	State:	Zip:
Home Phone: ()	Cell Pho	ne:
Parish:	City:	
Number of years involved in Parish	n Youth Program (CY)	M):
Is the person being nominated the p	parish youth minister?	Volunteer/other:
Parish and Diocesan Youth Ministr	y Involvement:	
Community Activities / Involvement	nt:	
Past awards and other recognition (	medals certificates n	laques, etc.):
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#### ADULT ENDORSEMENT

Name of ADULT submitting nomination:

In what capacity do you serve in the parish: (i.e, pastoral administrator, volunteer, youth minister, etc.):

Please explain why you believe this person is worthy of the Companions on the Journey Award:

Signature of adult submitting nomination

# ENDORSEMENT OF PASTOR/ASSOCIATE PASTOR/DEACON/PASTORAL ADMINISTRATOR

Name: \_\_\_\_\_

Please explain why you believe this person to be worthy of the Companions on the Journey Award.

Signature of Pastor/Assoc. Pastor/Pastoral Administrator/Deacon

RETURN COMPLETED FORM BY APRIL 3<sup>rd</sup> TO: Office of Catholic Youth Ministry Diocese of Little Rock P.O. Box 7565 Little Rock, AR 72217-7565