EAST JAMAICA CONFERENCE OF SEVENTH-DAY ADVENTISTS
ZONE 2 FEDERATION AWARDS
NOMINATION FORM

NOMINEE AND NOMINATOR INFORMATION

Name of Church _____

Name of Adventist Youth Leader _____

Adventist Youth Leader Email Address _____

Adventist Youth Leader Contact Number _____

Name of Nominee _____

Current or Previous Adventist Youth Ministry Role(s) _____

NOMINATION CRITERIA

Tick one rating for each criterion.

Nomination Criteria	1 Poor	2 Fair	3 Good	4 Excellent	5 Exceptional
Adventist Youth Ministry Involvement	☐	☐	☐	☐	☐
Record of Service	☐	☐	☐	☐	☐
Commitment and Consistency	☐	☐	☐	☐	☐
Christian Character	☐	☐	☐	☐	☐
Impact on Young People	☐	☐	☐	☐	☐
Teamwork and Collaboration	☐	☐	☐	☐	☐

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RATING KEY

5 – Exceptional: Consistently exceeds expectations; demonstrates outstanding and sustained contributions.

4 – Excellent: Frequently exceeds expectations; demonstrates strong and consistent contributions.

3 – Good: Meets expectations; demonstrates satisfactory and reliable service.

2 – Fair: Partially meets expectations; service or contribution is inconsistent.

1 – Poor: Rarely meets expectations; limited evidence of meaningful contribution.

COMMENTS:

_____

_____

_____

_____

AUTHORIZATION

Adventist Youth Leader Signature: _____ **Date:** _____

Pastor / First Elder Signature: _____ **Date:** _____