

ABY Cabinet Nomination Process

ABY Purpose

Through the ABY Convention we seek to facilitate Youth Ministry and ministry events within New York State.

Our desire is to create opportunities which will bring new people to Christ and strengthen the faith and discipleship of youth and young adults who are already committed to Christ.

The ABY Convention is planned and implemented by the ABY Planning Committee made up of two groups: the Youth Cabinet and the Adult Advisory.

CABINET PURPOSE & RESPONSIBILITIES

Our ABY Cabinet is a group of 8-12 representatives (includes 2-3 college/young adults reps.) who gather to grow in their personal relationship with God while working to minister to their peers through the convention weekend.

The Cabinet works with the Adult Advisory to develop the theme, plan segments of the program & implement those segments at the ABY Convention.

Cabinet Members attend 4 meetings per year and also has tasks and spiritual development work to do between meeting.

Eligibility Requirements

- Nominees may be in grades 9, 10, or 11 OR someone who is in their post High School years.
- Must have a personal commitment to Christ, show spiritual growth and maturity, and be committed to their local church with attendance and participation.
- Should be mature individuals with leadership potential and the ability to work well with others.
- Please only nominate mature, well-adjusted youth. Cabinet is not the right setting for troubled, immature youth.
- Make sure the youth has family/church support for this endeavor.

How to Nominate

1- Nomination form

A pastor, youth pastor, advisor or teacher may complete a nomination form. A nominator must have firsthand knowledge of this individual and interact with them on a regular basis!

2- Reference form

Must have two complete reference forms. The person who nominates should also complete a reference form. If the pastor/youth pastor is not a reference, they will be contacted for feedback.

3- Nominee Contact Information

4- Personal Letter

Each nominee must write us a letter containing the following information:

- a. Tell us about who you are (likes, activities you are involved in, etc.)
- b. Your previous experiences with convention (when you attended, what you liked about your experience, etc.)
- c. Tell us why you want to be on cabinet
- d. Explain what gifts and talents you will bring to cabinet
- e. Share what it means to be a Christian and how this impacts your daily life.

5- Mail in these forms: ABY Cabinet Nomination, 3218 James Street, Syracuse NY 13206.

Then What?

We take our responsibility to compile a cabinet very seriously and we won't rush the process. You shouldn't either! Take the time to talk to present Cabinet or Advisory members about the commitment and responsibilities of being on cabinet. Talk with your youth leaders, parents and in prayer ask God if you should seek to be a part of cabinet!

After convention, we will review all forms and complete the selection process. All nominees will be contacted with the decision in February.

The first Cabinet meeting will take place in March either online or in-person.

REFERENCE Form

American Baptist Youth Cabinet

PLEASE PRINT IN DARK INK OR TYPE

NAME OF NOMINEE _____

NAME OF PERSON COMPLETING THIS FORM: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ E-MAIL _____

1. How long have you known the nominee/ how? _____

2. Is this person an active, loyal member of your church? _____

3. Describe this person's spiritual walk and Christian maturity: _____

4. What strengths do you observe in this nominee? _____

5. What weaknesses does he/she have? _____

6. Describe tasks the nominee has taken leadership in: _____

7. How well does this individual work with others for the good of the group?

- Cooperates willingly and actively regardless of self-benefit
- Cooperates when there is a common cause
- Gives limited cooperation- focused on his/her own interests
- Obstructs the process

8. How does this person react to suggestions or criticisms?

- Takes it as a personal insult
- Listens to suggestions but may act without considering them
- Follows suggestions willingly
- Actively seeks feedback regularly

9. Are there any circumstances or experiences in the nominee's life that might hinder their service on ABY Cabinet or make it difficult for others to work with them? Yes No If yes, explain: _____

SIGNATURE _____

Mail this form to:
ABY Cabinet Nomination, 3218 James Street, Syracuse NY 13206.

REFERENCE Form

American Baptist Youth Cabinet

PLEASE PRINT IN DARK INK OR TYPE

NAME OF NOMINEE _____

NAME OF PERSON COMPLETING THIS FORM: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ E-MAIL _____

10. How long have you known the nominee/ how? _____

11. Is this person an active, loyal member of your church? _____

12. Describe this person's spiritual walk and Christian maturity: _____

13. What strengths do you observe in this nominee? _____

14. What weaknesses does he/she have? _____

15. Describe tasks the nominee has taken leadership in: _____

16. How well does this individual work with others for the good of the group?

- Cooperates willingly and actively regardless of self-benefit
- Cooperates when there is a common cause
- Gives limited cooperation- focused on his/her own interests
- Obstructs the process

17. How does this person react to suggestions or criticisms?

- Takes it as a personal insult
- Listens to suggestions but may act without considering them
- Follows suggestions willingly
- Actively seeks feedback regularly

18. Are there any circumstances or experiences in the nominee's life that might hinder their service on ABY Cabinet or make it difficult for others to work with them? Yes No If yes, explain: _____

SIGNATURE _____

Mail this form to:

ABY Cabinet Nomination, 3218 James Street, Syracuse NY 13206.

Nominee Contact

American Baptist Youth Cabinet

TO BE FILLED OUT BY PERSON APPLYING FOR CABINET

PLEASE PRINT IN DARK INK OR TYPE

NOMINEE INFORMATION

NAME _____ AGE _____ CURRENT GRADE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ E-MAIL _____

CHURCH _____ SCHOOL _____

PARENT OR GUARDIAN NAME _____

PARENT OR GUARDIAN EMAIL _____

PARENT OR GUARDIAN PHONE _____

- *I consent to be nominated for the ABY Cabinet.*
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Nominee Signature

- *I consent to _____ being nominated for the ABY Cabinet and will support them in their activity throughout the year.*
 - *Permission is granted to use of images/photographs/videos taken during Youth Cabinet gatherings on the ABY and ABCNYS webpages and in printed materials unless specifically noted.*
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Parent or Guardian (if under 18) Signature