

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 23, 2007 to:**

Alex Nichols  
LYF Nominations and Elections Committee  
49 Wargo DR  
Jim Thorpe, PA 18229  
Phone: 570-325-0223 or email: [alex013@ptd.net](mailto:alex013@ptd.net)