



Church Nomination Form

Each United Methodist Church in the Peninsula-Delaware Conference is asked to nominate one student as its representative to Hope Moves. **PLEASE USE THIS FORM TO NOMINATE THE ONE STUDENT WHO WILL REPRESENT YOUR CHURCH.**

Additional students may apply for available spots on Hope Moves trips, but only one from each church will be guaranteed a spot.

Church Name: _____ Name of person completing form: _____
 Church Mailing Address: _____ Above person's email address: _____
 Church Phone Number: _____ Above person's phone number: _____
 Name of nominated student: _____

Please answer the following questions on another piece of paper, preferably typed.

- 1) Why was this student chosen?
- 2) How will the church support this student's participation in Hope Moves?
- 3) What opportunities will this student be given to share this experience upon their return?

On behalf of _____ Church, I verify that the information contained herein is accurate, and I am pleased to confirm the nomination of _____ as our representative to Hope Moves.

Pastor	Date	Primary Youth Leader	Date
Lay Leader	Date	Church Council Chair	Date

(a minimum of two signatures is required)

To learn more about Project Chacocente, please visit www.outofthedump.org