

What is a YARP?

Definition:

A YARP (Young Adult Resource Person) is a young adult who has accepted the call to serve in the ministry to the youth of our church for a specified time commitment.

Prerequisites:

Each YARP must:

1. Recognize that he/she is a precious child of God and is called to serve Him and others, and be willing to act as a role model.
2. Be willing to try new situations, accept personal limitations and strengths, learn and grow in faith.
3. Make an honest commitment to support the program and other participants.

Criterion:

1. Be an active member of an ELCA congregation.
2. Be between the ages of 18-25 (high school graduate)
3. Commit for one weekend of training and 14 days of ministry during the year.
4. Demonstrate understanding of basic Lutheran theology.
5. Recognize the responsibility of being looked upon as a role model for other youth.
6. Participate in ELCA sponsored ministries for youth (past and/or present) in a leadership capacity.
7. Exhibit basic leadership skills.
8. Exhibit basic interpersonal and relational skills.
9. Exhibit basic verbal and written communication skills.
10. Be open-minded and mature when dealing with criticism and suggestions.

Responsibilities:

1. Attend training.
2. Attend supplemental training as needed during the year.
3. Coordinate and facilitate youth ministry activities as requested, i.e.:
 - a. Bible Study
 - b. Workshops
 - c. Retreats
 - d. Worship
 - e. Lock-ins
 - f. Group building/group development
 - g. Leadership Development
 - h. Small Group Discussions
 - i. Songs, Games and Mixers
 - j. Special Events:
 1. Gatherings
 2. Conferences
 3. Convos
 4. Synodical, National and International Events
 - k. Accept new challenges to fulfill congregational needs.
4. Publicize and promote the YARP program.
5. Complete and submit an Evaluation Form and an Expense Form for each event.

Selection Process

1. Applicant will submit a written application to the Synod Coordinator to include:
 - a. Application
 - b. Essay
 - c. Two completed reference forms
2. Upon approval of application, Synod Coordinator will conduct a Personal Structured Interview with the applicant.
3. Upon favorable interview, applicant will be accepted for YARP training.
4. Upon successful completion of YARP training and Synod Coordinator recommendation and approval, applicant will be considered a qualified YARP.
5. Commissioning - YARP's may be certified at any time after training, and should be commissioned at the next Synod event by the Bishop or his/her representative. Additionally, the individual YARP should be recognized by the Pastor of her/his home congregation at an appropriate time to encourage the congregation's support and prayers.

ANY QUESTIONS???

Contact:

**YARP COORDINATOR
366 Chesterfield Dr.
Taylorsville, NC 28681
(828) 635-6144**

Email:

lyncnetwork@lutheranyouth.org

Y. A. R. P.

(Young Adult Resource Person)

REFERENCE FORM

_____ is requesting that you evaluate his/her suitability to be a Young Adult Resource Person (YARP) for the NC Synod of the Evangelical Lutheran Church in America.

A YARP is a committed young adult, trained in Youth Ministry, 18-25 years old (high school graduate), who volunteers at least 14 days per year to assist congregations, clusters, conferences, and synods in providing meaningful ministry for youth and adults who work with them.

Expectations of them include training, being a role model, coordinating and facilitating Youth Ministry special events, seminars, workshops, retreats, worship, Bible study, lock-ins, meetings, songs and games leadership, leadership training, assessment of programs and assisting adults working with youth.

Criterion for applicants include ability to work with others, willingness to serve, verbal and written communication skills, responsibility and dependability, prior participation in Lutheran sponsored activities for youth, active membership in an ELCA congregation, and ability to demonstrate understanding of basic Lutheran theology.

Please complete the following statements to the best of your knowledge. These are general categories that will further our understanding of the applicant and his/her strengths and needs. Thank you for your time and effort. This information will be kept strictly confidential.

Name of Applicant:

How long have you known this applicant?

How well do you know this person and in what capacity?

YARP Applicant's name:

Please rank how much ability the applicant demonstrates in each of the areas given, using the following scale:

- 1 = very low
- 2 = low
- 3 = average
- 4 = high
- 5 = very high
- 6 = unable to evaluate

- _____ Basic Christian commitment
- _____ Ability to adapt to new situations
- _____ Sensitivity to, and ability to relate to youth
- _____ Sensitivity to, and ability to relate to adults
- _____ Openness to critique and willingness to accept direction of others when appropriate
- _____ Accountable and responsible in both personal and role relationships
- _____ Leadership ability and experience; ability to take initiative
- _____ Experience in Youth Ministry beyond the congregation
- _____ Sense of creativity
- _____ Realistic estimate of self - honesty with self and others
- _____ Verbal and written communication skills

Other areas of strength:

Other areas where growth is needed:

Additional comments:

Having read the description, and having considered the applicant's strengths and needs, I can _____ or cannot _____ recommend him\her to be a Young Adult Resource Person.

Signature _____ Occupation _____ Return to:

**YARP COORDINATOR
NC Synod Office
1988 Lutheran Synod Dr.
Salisbury, NC 28144**

YARP APPLICATION

Name _____ Phone #: () _____

Address: _____

City/State/Zip _____

Birthdate _____ Sex _____
_____ African American _____ Anglo _____ Asian _____ Hispanic
_____ Native American _____ Differently Abled

Congregation _____ Phone #: () _____

Address _____

City/State/Zip _____ Pastor _____

School (if applicable) _____ Phone #: () _____

Address: _____

City/State/Zip: _____

What year (s) will you be available to participate in the YARP program?
Growth experiences: include camps, conferences, workshops, retreats, seminars,
and/or other personal growth experiences:

Congregation: _____

Synod/Churchwide: _____

Community: _____

Your vocational plans (as of this date) _____

Three words to describe yourself: _____

Three positive aspects about yourself: _____

Three negative aspects about yourself _____

Special skills, talents, interest

Email Address:

On a separate sheet, please answer the following questions. Your answers should be brief and based on your personal thoughts and reflections.

1. Why do you want to be a YARP?
2. Briefly describe:
 - a. Your personal faith and understanding of God.
 - b. Your philosophy of your ministry.
3. Tell about yourself, your family and friends, and a bit about your background.
4. Tell about someone who has had a special impact on your life.

You are requested to obtain two references from individuals who know you well, can be objective, and would be willing to help us understand you. Give each of your evaluators a copy of the YARP Reference Form with a stamped envelope addressed to the Synod YARP Coordinator (below).

Possible resources: Your Pastor*, director of Youth Ministry, an adult leader in your congregation, synod, or community.

*If you do not use your Pastor as a reference, discuss the program with him/her and let him/her know that you are applying.

Signature of Applicant: _____ Date: _____

I have asked the following people to provide references for me.

- | | Name | Phone # |
|----|------|---------|
| 1. | | |
| 2. | | |

Please return completed application to the Synod YARP Coordinator:

YARP Coordinator
366 Chesterfield Dr.
Taylorsville, NC 28681
(828) 635-6144
Email: lyncnetwork@lutheranyouth.org