

MISSION PRESBYTERY NOMINATION FORM



Date: ____/____/____
Month Day Year

Name of Person Recommended _____ DOB _____

Home Address: Street/P.O. Box _____ City _____ State _____ ZIP+4 _____

Home phone w/Area Code _____ Office phone w/Area Code _____ Cell phone w/Area Code _____ Fax w/Area Code _____

E-Mail Address: _____ Your Occupation _____

Name of Your Church _____ City _____

Age Group: 0-25: ____ 26-35: ____ 36-45: ____ 46-55: ____ 56-65: ____ Over 65: ____ Gender: _____

Category: Teaching Elder: ____ Ruling Elder: ____ Deacon: ____ Christian Educator: ____ Active Member: ____ HR: _____

Racial Ethnic: Asian: ____ Caucasian: ____ African Am: ____ Hispanic: ____ Middle Eastern: ____ Native Am: ____ Other: _____

Disability: _____ Description & Accommodations Needed: _____
Yes / No

Recommended For: *(Please prioritize if you make more than one recommendation)*

- | | |
|--|---|
| <input type="checkbox"/> Church Development & Evangelism Committee
<input type="checkbox"/> Commission on Ministry
<input type="checkbox"/> Committee on Preparation for Ministry
<input type="checkbox"/> Committee on Representation & Participation
<input type="checkbox"/> Education and Congregational Nurture Committee
<input type="checkbox"/> General Council (GC) Regional Representative
<input type="checkbox"/> Human Resources Team <i>(Sub Committee to GC)</i>
<input type="checkbox"/> Stewardship & Fiscal Oversight Committee <i>(Sub Committee to GC)</i>
<input type="checkbox"/> John Knox Ranch Committee
<input type="checkbox"/> Mission Outreach & Justice Committee | <input type="checkbox"/> Pastoral Care Committee
<input type="checkbox"/> Permanent Judicial Commission
<input type="checkbox"/> Presbyterian Women's Coordinating Team
<input type="checkbox"/> Trustees for Henrietta M. King Memorial Fund
<input type="checkbox"/> Trustees of Mission Presbytery
<input type="checkbox"/> Youth Connection Committee
<input type="checkbox"/> General Assembly Commissioner
<i>(Commissioner before? If so, indicate year _____)</i>
<input type="checkbox"/> Synod Commissioner
<input type="checkbox"/> Moderator-Elect
<input type="checkbox"/> Wherever Needed |
|--|---|

Brief Description of Skills/Experience (*): _____

Submitted By _____ Email _____

Home phone w/Area Code _____ Office phone w/Area Code _____ Cell phone w/Area Code _____ Fax w/Area Code _____

Name of Your Church _____ City _____

PLEASE RETURN TO:

Mail: Mission Presbytery
 7201 Broadway, Suite 303
 San Antonio, TX 78209-3743

Fax: 210-826-0917

E-mail: statedclerk@missionpb.org

*Comments: *(Use Back of Page for Additional Comments)*