MISSION PRESBYTERY NOMINATION FORM

Date:_____/_____/_____
Month Day Year

_____ _____(Y)_____(N) _____
Name recommended for nomination **Self-referral?** **Signature if Self-Referral**

_____ _____ _____ _____
Home Address **City** **State** **ZIP**

(_____)_____-_____ (_____)_____-_____ (_____)_____-_____ (_____)_____-_____
Home phone **Office phone** **Cell phone** **Fax**

_____ _____
E-Mail Address **Occupation**

_____ _____
Church member of **City**

Age Group:
_____ 0 - 25
_____26 - 35
_____36 - 45
_____46 - 55
_____56 - 65
_____Over 65

Gender:
_____M
_____F

Category:
_____Teaching Elder (TE)
_____Honorably Retired Teaching Elder (HR)
_____Ruling Elder (RE)
_____Deacon
_____Commissioned Ruling Elder (CRE)
_____Certified Christian/Associate Educator
_____Active Member

Racial Ethnic:
_____Asian
_____Caucasian
_____African American
_____Hispanic
_____Middle Eastern
_____Native American
_____Other: _____

Disability:____(Y) Description: _____
___(N) Accommodations Needed: _____

Brief Description of Skills/Experience (*): _____

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

- (CDE) Church Development & Evangelism Committee
- (COM) Committee on Ministry
- (CPM) Committee on Preparation for Ministry
- (COR) Committee on Representation
- (ECN) Education and Congregational Nurture Committee
- (GCRR) General Council Regional Representative (SA, A, VIC, HC CC, or V)
- (PC) Personnel Committee *(Sub Committee to GC)*
- (SC) Stewardship Committee *(Sub Committee to GC)*
- (FOC) Fiscal Oversight Committee (*Sub Committee to GC*)
- (JKR) John Knox Ranch Board of Directors
- (MOJC) Mission Outreach & Justice Committee
- (NOM) Nominations Committee
- (PCC) Pastoral Care Committee
- (PJC) Permanent Judicial Commission
- (HMK) Trustees for Henrietta M. King Memorial Fund
- (Trustees) Trustees of Mission Presbytery
- (YCC) Youth Connection Committee
- General Assembly Commissioner
  (Commissioner before? If so, indicate year _____
- _____ Synod Commissioner
- _____ Moderator-Elect
- _____ Wherever Needed

Non Self-Referral Submitted By:

Name: _____

Email: _____

Home Phone:_____ Cell Phone: ____

_____ Office Phone _____Fax: _____

_____ Street Address: _____

_____ City_____

_____State___Zip: _____ Name of Church:____

_____City: _____

Please return form to:

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

Fax: 210-826-0917

E-mail: missionpby@missionpby.org &
mailto:Brucegoodlock@att.netai

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