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)*

_____ Commision on Ministry (COM)
_____ Committee on Preparation for Ministry (CPM)
_____ Committee on Representation & Participation (CORP)
_____ Connect
_____ Disaster Preparedness & Assistance (DPA)
_____ General Assembly Commissioners
_____ Human Resources Team
_____ John Knox Ranch Committee
_____ Learn
_____ Ministry Vitalization Task Force
_____ Mission Presbytery Trustees (MPT)
_____ New Ministries Task Force (NMTF)
_____ Permanent Judicial Commission (PJC)
_____ Serve
_____ Synod Commissioner
_____ Youth Connections (YC)
_____ General Assembly Commissioner
(Commissioner before? If so, indicate year _____)
_____ Moderator-Elect
_____ 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

E-mail: statedclerk@missionpby.org