

2017 NOMINATIONS FACILITATION COMMITTEE PROFILE FORM

Please use only space provided on this form - do not attach additional files.

NAME AND ADDRESS

E-MAIL _____

PHONE: Home _____

Office _____

Cell _____

Age _____ Gender Male Female

DISTRICT _____

LOCAL CHURCH _____

STATUS(**Circle One**): CLERGY LAY DIACONAL

ETHNIC* (**Circle One**) A AA/B C H/L N P MR

Are there any accessibility supports needed in order to ensure your full participation in meetings (i.e. wheelchair accessibility, interpreters, alternative formats of materials or presentations)? Yes

If so, please explain: _____

1. I WANT TO SERVE ON THE CONFERENCE LEVEL IN THE AREA OF :

- Common Table
- Board of Church and Society
- Church Development Team
- Board of Discipleship (if for council, please specify) _____
- Missional Ministries Board
- Board of Higher Education Ministries
- Va. UM Assembly Center
- Va. UM Communications
- Commission on Disabilities

- Equitable Compensation Committee
- Ethnic Minority Concerns & Advocacy
- Finance and Administration
- United Methodist Foundation
- Board of Pensions
- Committee on Rules
- Status/Role of Women in Church
- Conference Trustees
- Committee on Resolutions
- Site Selection
- WHEREVER NEEDED

BECAUSE MY PASSION FOR MISSION AND MINISTRY IS _____

2. I FEEL CALLED TO SERVE IN THIS AREA OF MINISTRY ON THE CONFERENCE LEVEL BECAUSE _____

3. I AM CURRENTLY LIVING OUT MY PASSION FOR MISSION AND MINISTRY BY _____

4. INFORMATION ABOUT MY EDUCATION/WORK HISTORY:

5. AREAS OF EXPERTISE/EXPERIENCE:

6. PAST LEADERSHIP OR OFFICES HELD:

LOCAL CHURCH _____
DISTRICT _____
CONFERENCE _____
GENERAL CHURCH _____
CAMPUS or COMMUNITY SERVICE _____

7. I AM PRESENTLY SERVING ON THE CONFERENCE LEVEL ON _____

IF NOMINATED AND ELECTED TO SERVE ON A CONFERENCE BOARD OR
AGENCY LISTED ABOVE, I HEREBY GIVE MY CONSENT TO SERVE. DATE _____
This nomination form expires two years from this date.

*This is an attempt to provide balance in age, ethnic background and gender in make-up of boards and agencies.
A – Asian AA/B – African-America/Black C--Caucasian H—Hispanic/Latino N—Native American P—Pacific Islander MR—Multi Racial

District Superintendent Signature: _____

Please send this form to your district office. It must receive your District Superintendent’s approval, and will be submitted to the Office of Connectional Ministries by your District Office.