

NOMINEE REPORT

*When someone agrees to be nominated to serve in a Presbytery office or on a committee, please complete this form and return it to the Presbytery office. This will be the official confirmation that will allow for the person's name to be placed in nomination. This will also allow for the correct information to be placed in the Presbytery Directory. **Note:** Some of the information on this form is at the request of the Committee on Representation for use in reporting to the Synod of the Trinity.*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ E-MAIL: _____

ORDAINED MINISTER: ___ ORDAINED ELDER: ___ LAYPERSON: ___

MALE: ___ FEMALE: ___

RACIAL/ETHNIC MINORITY: ___ DISABILITY: ___

ACTIVE MEMBER OF WHAT CHURCH: _____

AGE RANGE: UNDER 25___ 26-45___ 46-55___ 56-65___ +66___

OFFICE/COMMITTEE: _____

CLASS OF: _____ NEWLY ELECTED: ___ RE-ELECTED: ___

THIS NOMINEE WILL BE REPLACING: _____

EFFECTIVE DATE OF CHANGE: _____

NOTES REGARDING ELIGIBILITY:

SIGNATURE OF NOMINATING COMMITTEE MEMBER:

Please return to: The Presbytery of Shenango, 4197 New Castle Road, Pulaski, PA 16143

FORM UPDATED: 08/2005