

RESPONSE TO DISTRICT  
NOMINATING COMMITTEE

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

C/S/Z \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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List the top three positions that your nominee might serve:

Describe the positive committee fruits that your nominee has already produced in the local church.

Describe the gifts and graces the nominee brings to the position.

***This individual has agreed to serve the West District July 1, 2020-June 30, 2021 on any position listed above.***

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lay Leader's Signature

\_\_\_\_\_  
Date