



God's work. Our hands.

FLORIDA-BAHAMAS SYNOD NOMINATION FORM

Please fill out this form and return it to ileanas@fbsynod.org.

Please include a photo (preferably a head shot in the .jpg file format) with the nomination form.

PLEASE PRINT

Position Nominated For / Mission District: _____

Title: _____ First Name: _____ Last Name: _____

Address: _____ City/ZIP: _____

Member of Congregation Name/City: _____ Conference: _____

Email: _____ Home Phone: _____ Cell: _____

Primary Language: _____ Occupation: _____

Male Female Birth Year: _____

Category: Lay Clergy Youth (15-17 years old) Young Adult (18-30 years old)

PCLE (Person of color or language other than English)

Occupation & education experience (< 50 words):

Church leadership, participation (< 50 words):

List specific gifts or talents you would bring to the position (< 50 words):

Person making nomination: _____ Email: _____

Consent of person being nominated: _____