



God's work. Our hands.

## FLORIDA-BAHAMAS SYNOD NOMINATION FORM

Please fill out this form and return it to [ileanas@fbsynod.org](mailto: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: \_\_\_\_\_