



Committee Nomination Form: Claimed Strategy Committee

The objective of the Claimed Strategy is to help people grow in their faith through interaction and engagement with the Lutheran Tradition. The three areas of focus are:

- **Communication:** share a clear, concise, compelling message of the Lutheran identity through a variety of methods and medias.
- **Connection:** provide a variety of opportunities for individuals and families to participate in the network of Lutheran ministries.
- **Commitment:** challenge people to grow deeper in their faith through the development of new and renewed initiatives.

This committee meets on a monthly basis with some Saturday meetings.

Please use this form to submit a nomination – use a separate form for each nominee. Completed forms can be sent as an attachment to info@mnys.org.

Nominee Information

Please type all answers using the fillable fields. This first section should be completed by the nominee.

Name: _____
Title Last First Middle Initial

Nominee's Address: _____ **Phone:** _____
 _____ **Email:** _____

Congregation: _____
Congregation Name City

Age bracket: under 19 20-29 30-39 40-49 50-59 60+

Ethnic Background: African Descent American Indian and Alaskan Native
 European Descent Arab and Middle Eastern
 Latino Asian and Pacific Islander
 Primary language other than English

Gender: male female

Current Position/Employment _____

Has this person served on this committee before? No Yes (when? _____)

The Claimed Strategy Committee is charged with helping people grow in faith through engagement with the Lutheran Tradition. What are your specific qualifications, skills, and experiences that directly relate to this charge?

The three areas of focus are communication, connection, and commitment. Which of these interest you the most and why?

Affirmation by Nominee: I understand the requirements of the serving on this committee and intend to serve if appointed by the bishop.

Candidate's Signature

Date

Nominator's Information

Please type all answers using the fillable fields. This second section should be completed by the nominee.

Member of:

Self-nomination

Current member of Claimed

Synod Council

Conference of Deans

Steering Committee

Synod Staff

Other: _____

Name: _____

Title

Last

First

Middle Initial

Nominator's Address: _____

Phone: _____

Email: _____

Congregation: _____

Congregation Name

City

Why are you recommending this person? What gifts do you recognize in this person?

Affirmation by Nominator: I affirm I have spoken with this nominee and believe they are well-suited to serve in this capacity if appointed by the bishop.

Nominator's Signature

Date