



NOMINATION AND CANDIDATE INFORMATION FORM 2020

Please use this form to submit a nomination—use a separate form for each nominee. Please refer to S9.01.01 of our constitution and assembly page (both available at www.mnys.org) for complete information about submitting a nomination. Nominations must be completed by **March 2** to be included in the pre-assembly reports. Completed forms and headshots can be sent as an attachment to kteran@mnys.org or mailed to:

Metropolitan New York Synod
Attn: Karina Terán, Nomination & Election Committee Assistant
475 Riverside Drive, Suite 1620
New York, NY 10115

HOW TO SUBMIT YOUR NOMINATION

1. **DOWNLOAD** and **SAVE** to your computer this fillable PDF form
2. **OPEN** your **SAVED** form and **COMPLETE**
3. **SAVE** your changes
4. **PRINT** a copy for your records
5. **EMAIL** completed form and headshot as an attachment to kteran@mnys.org, or **MAIL** to Metropolitan New York Synod, Attn: Karina Teran | 475 Riverside Drive, Suite 1620 | New York, NY 10115

***Nomination for:** (select one)

- | | |
|--|--|
| <input type="checkbox"/> Consultation Committee (lay female: 6-year term) | <input type="checkbox"/> Synod Council (clergy: 4-year term) |
| <input type="checkbox"/> Consultation Committee (lay male: 6-year term) | <input type="checkbox"/> Synod Council (lay female: 4-year term) |
| <input type="checkbox"/> Consultation Committee (clergy female: 6-year term) | <input type="checkbox"/> Synod Council (lay male: 4-year term) |
| <input type="checkbox"/> Consultation Committee (clergy male: 6-year term) | |

- | |
|--|
| <input type="checkbox"/> Discipline Committee (lay female: 6-year term) |
| <input type="checkbox"/> Discipline Committee (lay male: 6-year term) |
| <input type="checkbox"/> Discipline Committee (clergy female: 6-year term) |
| <input type="checkbox"/> Discipline Committee (clergy male: 6-year term) |

Conference

Please write the conference name for the above options. See the Cycle A Conference Nominations, [here](#).

- | |
|--|
| <input type="checkbox"/> Synod Council (multicultural female: 4-year term) |
| <input type="checkbox"/> Synod Council (young adult, 18-30: 4-year term) |
| <input type="checkbox"/> Synod Council (youth, 16-18: 2-year term) |



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Candidate Information

This section is to be completed by the person seeking an elected position. Please type all answers using the fillable fields. An asterisk indicates that information is required for a valid nomination.

***Name:**

<i>Title</i>	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
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***Address:** _____ ***Phone:** _____

Email: _____

***Congregation:**

<i>Congregation Name</i>	<i>City</i>
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***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
- Latinx
- Asian and Pacific Islander

***Is your primary language other than English?** No Yes

***Gender:** male female other

***Current Position/Employment Title:** _____

***Current Employer's Name:** _____

***Church Leadership Positions** (3 maximum), please specify if in another synod or region:

***Community Leadership Positions** (3 maximum):



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***Candidate Statement** (175 characters or less):

Have you served on in this position before? No Yes (when? _____)

Headshot: Please submit a photo of yourself for Synod Assembly materials. Headshots with good resolution for digital reproduction are preferred.

Affirmation by Nominee: Please print this form and sign or use an image signature from a file. Please do not use an adobe ID to sign.

I understand the requirements of the serving in this capacity and intend to serve if elected by the Synod Assembly.

Candidate's Signature

Date



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Nominator's Information

This section is to be completed by the person nominating a candidate. Please type all answers using the fillable fields. An asterisk indicates that information is required for a valid nomination. If this is a conference nomination, the dean should complete this part of the form.

***Name:** _____
Title Last First Middle Initial

Address: _____ **Phone:** _____

Email: _____

***Congregation:**

Congregation Name City

If nominated by a Conference, please provide the meeting date:

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

Nominator's Signature

Date



NOMINATIONS AFTER MARCH 2

*This section is to be completed when the nomination is submitted after March 2. **You will need to bring the completed form to the hospitality table in the main ballroom, by the end of the first plenary session.** Candidate information will be distributed on-site.*

Candidate Name:

<i>Title</i>	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
1. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
2. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
3. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
4. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
5. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
6. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
7. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
8. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
9. Signature: _____		Name: _____	<i>First</i> <i>Last</i>
10. Signature: _____		Name: _____	<i>First</i> <i>Last</i>