



## Committee Nomination Form: Anti-Racism Task Force

The Metropolitan New York Synod is blessed with a rich diversity of people and cultures. As a part of the 2015 Synod Assembly, we resolved to continue our commitment to address racism in our church and society and provide anti-racism training to our leaders, clergy, and candidates. This task force will carry out the work of providing training, advocacy, and occasions for gathering around racial justice work.

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](mailto:info@mnys.org).

### Nominee Information

*Please type all answers using the fillable fields.*

**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** \_\_\_\_\_

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Has this person served on this committee before?**     No     Yes (when? \_\_\_\_\_)

**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

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Please type all answers using the fillable fields.

Member of:

- Synod Council  
 Steering Committee  
 Other: \_\_\_\_\_

- Conference of Deans  
 Synod Staff

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?

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**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*