



Nomination and Candidate Information Form 2018

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 our assembly page (both available at www.mnys.org) for complete information about submitting a nomination. Nominations must be completed by **April 20** to be included in the pre-assembly reports.

How to submit:

1. Download and save this fillable form to your computer.
2. Complete the form and save your changes.
3. E-mail complete form as an attachment to mrodas@mnys.org or mail to:

Metropolitan New York Synod
Attn: Nomination & Elections Committee
475 Riverside Drive, Suite 1620
New York, NY 10115

*Nomination for: (select one)

- ☐ Vice President (4-year term)
- ☐ Secretary (4-year term)
- ☐ Treasurer (4-year term)

- ☐ Consultation Committee (clergy female; 6-year term)
- ☐ Consultation Committee (clergy male; 6-year term)

- ☐ Discipline Committee (lay female; 6-year term)
- ☐ Discipline Committee (lay male; 6-year term)
- ☐ Discipline Committee (clergy female; 6-year term)
- ☐ Discipline Committee (clergy male; 6-year term)

- ☐ Synod Council (clergy; 4-year term)
- ☐ Synod Council (lay female; 4-year term)
- ☐ Synod Council (lay male; 4-year term)

Conference

Please write the conference name for the above options

- ☐ Synod Council (multicultural male; 4-year term)
- ☐ Synod Council (young adult, 18-30; 4-year term)
- ☐ Synod Council (youth, 16-18; 2-year term)
- ☐ Churchwide Assembly (clergy female)
- ☐ Churchwide Assembly (clergy male)
- ☐ Churchwide Assembly (lay female)
- ☐ Churchwide Assembly (lay male)
- ☐ Churchwide Assembly (multicultural)
- ☐ Churchwide Assembly (Young Adult)

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: _____
Title Last First Middle Initial

*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

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

***Gender:** ☐ male ☐ female

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

***Current Employer Name:** _____

Please continue on the second sheet.

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

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

Candidate Statement (175 characters or less):

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

Photo: Please submit a photo of yourself for Synod Assembly materials. Headshots with good resolution for digital and print 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

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 by a conference meeting, 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 April 20

This section is to be completed when the nomination is received after April 20. 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: _____

1. **Signature:** _____ **Name:** _____
First Last

2. **Signature:** _____ **Name:** _____
First Last

3. **Signature:** _____ **Name:** _____
First Last

4. **Signature:** _____ **Name:** _____
First Last

5. **Signature:** _____ **Name:** _____
First Last

6. **Signature:** _____ **Name:** _____
First Last

7. **Signature:** _____ **Name:** _____
First Last

8. **Signature:** _____ **Name:** _____
First Last

9. **Signature:** _____ **Name:** _____
First Last

10. **Signature:** _____ **Name:** _____
First Last

