



Committee Nomination Form: Sent Strategy Committee

The objective of the Sent Strategy is to respond to specific societal needs and issues. The three areas of focus are:

- Services: develop and deliver programs in our communities that help people in words and deeds
- Partnerships: determine organizations and ministries to support
- Advocacy: speak on specific justice and peace issues

This committee meets on a monthly basis on Saturdays.

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 Sent Strategy Committee is charged with responding to specific societal needs and issues. What are your specific qualifications, skills, and experiences that directly relate to this charge?

The three areas of focus are services, partnerships, and advocacy. 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 Sent

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