

Presbytery of Giddings-Lovejoy • Committee on Representation/Nomination

STATED CLERK - NOMINATION FORM

Contact Information

Name _____
Mailing Address _____
City _____
State _____ Zip Code _____
Home Phone _____ Cell/Alternate _____
Church Affiliation _____
Church Local _____

Gender (X) at right as you identify

Male _____ Female _____

Age (X) at right

29/Younger _____
30-55 Years Old _____
56/Over _____

Race (X) at right

African-American _____
Asian _____
Caucasian _____
Latino/a _____
Native American _____
Other _____

Prior Church Service (X) at right

Christian Educator _____
Deacon _____
Member _____
Ruling Elder _____
Teaching Elder _____
Other _____

If Disabled (X) to right

Vision _____
Hearing _____
Mobility _____
Other _____

Getting to know your unique gifts...describe them below....

Skills that you have _____
Talents that you have _____
Passion that you have _____

Meeting Availability (X) at right

Day Only _____
Evening Only _____
Flexible _____
Overnight (if needed) _____
Skype/Tele-Meet _____

Please give a brief biography and what calls you to this ministry position:
