

PRESBYTERY OF THE COASTLANDS NOMINATION FORM

_____ (Y) _____ (N) _____
Name recommended for nomination **Self-referral?** **Date**

_____ _____ _____
Home Address **City** **ZIP**

_____ _____ _____
Home phone **Office phone** **Cell phone**

_____ _____
E-Mail Address **Occupation**

_____ _____
Church member of/serving church/validated ministry **City**

Age Group:	Gender:	Category:	Race:
_____ 0 - 25	_____	_____ Teaching Elder (TE)	_____
_____ 26 - 35	_____	_____ Honorably Retired Teaching Elder (HR)	_____
_____ 36 - 45	_____	_____ Ruling Elder (RE)	_____
_____ 46 - 55	_____	_____ Deacon	Ethnicity:
_____ 56 - 65	_____	_____ Commissioned Ruling Elder (CRE)	_____
_____ Over 65	_____	_____ Certified Christian/Associate Educator	_____
		_____ Certified Administrative Professional	_____
		_____ Active Member	

Disability: _____ (Y) **Description:** _____
 _____ (N) **Accommodations Needed:** _____

Brief Description of Spiritual Gifts/Passion/Qualifications/Skills _____

Recommended For: _____

The nominee has agreed to this nomination: _____ Yes _____ No

<p>Non Self-Referral Submitted By:</p> <p>Name: _____</p> <p>Email: _____</p> <p>Daytime Phone Number: _____</p> <p>Street Address: _____</p> <p>City: _____ Zip: _____</p> <p>Name of Church: _____</p> <p>Signature: _____</p>	<p>Please return form to:</p> <p>Mail: Chair of Committee on Representation</p> <p>Email: snkramsay@yahoo.com</p>
---	--