



## DC, Delaware, Maryland District Council Nomination Form

*All fields must be completed. Incomplete forms will not be considered.*

<b>Office Nominated For:</b>	<b>Term of Office:</b>	<b>Date Submitted:</b>
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### REQUIRED SUBMISSIONS — All items below must be included with this form:

- Completed Nomination Eligibility Form (all sections filled)
- Current resume or curriculum vitae (CV)
- Written statement explaining why you are interested in this role and your vision for the position
- Nominee must successfully pass a background check prior to confirmation
- Nominee must complete an approved leadership development class prior to taking office

### SECTION 1 — PERSONAL INFORMATION

<b>Full Name:</b>	<b>Date of Birth:</b>	
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

### SECTION 2 — CHURCH INFORMATION

<b>Church Name:</b>	
<b>Church Address:</b>	
<b>Pastor's Name:</b>	<b>Years as Member:</b>
<b>Years in the District Council:</b>	

### SECTION 3 — CURRENT POSITIONS HELD

<b>Do you currently hold any positions in the church, council, or auxiliary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please list all positions currently held:</b>

### SECTION 4 — EDUCATIONAL BACKGROUND

<b>Highest Degree / Diploma:</b>	<b>Institution / School:</b>
<b>Bible College, Seminary, or Ministry Training (if applicable):</b>	

## SECTION 5 — EXPERIENCE & PREPARATION FOR THE ROLE

Please describe any experience, certifications, licenses, or training that has prepared you for this office.

### Experience, Leadership Roles & Specialized Skills:


### Certifications or Licenses Held (ministry, professional, or otherwise):


## SECTION 6 — STATEMENT OF INTEREST

A separate written statement is required as part of your submission package (see Required Submissions above). Briefly summarize your key points below:

### Why are you seeking this office? Describe your vision and what you hope to contribute:


## SECTION 7 — REQUIREMENTS & ACKNOWLEDGMENT

By submitting this form, I acknowledge and agree to the following conditions of nomination:

- I have submitted a current resume/CV along with this form.
- I have submitted a written statement explaining my interest in and vision for this role.
- I consent to and will cooperate fully with a background check as required by the Council.
- I agree to complete an approved leadership development class prior to assuming office if elected.

## SECTION 8 — SIGNATURES

By signing below, the applicant affirms that all information provided is accurate and complete, and agrees to fulfill the responsibilities of the nominated office if elected.

<b>Applicant Signature:</b>	<b>Date:</b>
<b>Applicant Printed Name:</b>	
<b>Pastor's Signature:</b>	<b>Date:</b>
<b>Pastor's Printed Name:</b>	

DO NOT WRITE BELOW THIS LINE — FOR OFFICIAL USE ONLY

<b>REQUIREMENTS MET — OFFICIAL REVIEW</b>			
<b>Requirement</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Council Membership — Active member in good standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Auxiliary Membership — Current auxiliary member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Council Attendance — Meets attendance requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Financial Obligation — All financial obligations met	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Eligibility Period — Meets minimum years of service requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Pastoral Endorsement — Signed by pastor in good standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Resume / CV — Submitted with application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Written Statement of Interest — Submitted with application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Background Check — Completed and passed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Leadership Development Class — Completed or enrolled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A

<b>Title / Role:</b>	<b>Decision:</b>
<b>Reviewer Signature:</b>	<b>Date:</b>