



Rocky Mountain Synodical Women's Organization
 Women of the ELCA
 2010 Nomination Form

Nomination for: President Vice President Secretary Treasurer Board Member
 (Circle appropriate position)

Name: _____

Address: _____

Home Phone: () _____ Cell: () _____ Work: () _____ Ext: _____

E-mail: _____

Congregation: _____

Address of Church: _____

Cluster: _____

Age Range: _____ 34 or under _____ 35-49 _____ 50-65 _____ 65 or over

If you are a woman of color, to which category do you belong (as defined by the ELCA)?

- _____ African American _____ Asian _____ Black _____ Arab and Middle Eastern
 _____ Hispanic _____ American Indian and Alaska Native _____ Other

If you speak English as a second language, what is your primary language?

Are you a woman with disabilities? _____

The term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual.

- _____ I have attended a Women of the ELCA Triennial Convention.
 _____ I have never attended a Women of the ELCA Triennial Convention.
 _____ I have attended a Rocky Mountain Synodical Women's Organization Convention.
 _____ I have never attended a Rocky Mountain Synodical Women's Organization Convention.

Please complete other side of this form and return by:
April 30th 2010
 To:

DUPLICATE THIS FORM TO SUBMIT MORE THAN ONE NOMINATION

Rocky Mountain Synodical Women's Organization Women of the ELCA 2010 Nomination Form

You must have the permission of the nominee before submitting the form.

EXPERIENCE: Please indicate up to four experiences, offices, and / or other responsibilities over the last five years for the following:

A. WOMEN OF THE ELCA (Include congregational unit, cluster, Synodical women's organization, churchwide women's organization)

1. _____
2. _____
3. _____
4. _____

B. ELCA (Include congregation, cluster / conference, synod, churchwide)

1. _____
2. _____
3. _____
4. _____

C. ECUMENICAL (Include local, state, national and international organizations)

1. _____
2. _____
3. _____
4. _____

D. COMMUNITY PARTICIPATION (Please indicate offices, volunteer services and / or responsibilities for local, state, national and international organizations.)

1. _____
2. _____
3. _____
4. _____

E. VOCATION / OCCUPATION (Include full or part-time)

Please attach a statement (no more than 250 words, please) responding to the following:

1. Why are you interested in serving on the Rocky Mountain Synodical board, with the Women of the ELCA?
2. Describe the special gifts, skills and experience you would bring to the board.
3. What challenges do you expect the board to be facing, in the next two years?

Form submitted by: (If other than nominee)

Name: _____ Phone : (_____) _____

Address: _____

Congregation: _____

Congregation Address: _____

I am willing to have my name placed in nomination. _____

(Signature of Nominee)

You must have the permission of the nominee before submitting the form.

(Information in this article copied from the Women of the ELCA website)

Rocky Mountain Synod Women of the ELCA Organization