

**NOMINATION FORM
AMERICAN BAPTIST CHURCHES OF THE SOUTH
CANDIDATE'S PROFILE
(To Be Completed By Nominee)**

I, _____, accept the nomination for the position of

(give position and ABCOTS entity; i.e. President, ABW)

I have read the position description for the office to which I am being nominated, and I agree to fulfill those duties and responsibilities to the best of my abilities.

Signature _____ Date _____

NAME _____
(include preferred title; Mr. Mrs. Ms. Rev. Dr.)

MAILING ADDRESS _____

PHONE _____ (H) _____ (O)
_____ (C)

E-MAIL _____

PROFESSION _____ **EMPLOYMENT STATUS** _____
(full-time, part-time, retired)

CURRENT POSITION _____

CHURCH MEMBERSHIP _____

ADDRESS _____ **CITY & STATE** _____

PASTOR _____

LEADERSHIP POSITIONS HELD (Past and Present)

LOCAL CHURCH

DENOMINATIONAL: (Area/Association/Region)

NATIONAL:

OUTSIDE ABC/USA:

SPRITIUAL GIFTS, SKILLS, EXPERIENCE/EXPERTISE I BRING TO THE POSITION

**NOMINATION FORM
AMERICAN BAPTIST CHURCHES OF THE SOUTH**

(To Be Completed By Person Making the Recommendation)

RECOMMENDATION CONCERNING CANDIDATE FOR NOMINATION AS:

ABCOTS EXECUTIVE COMMITTEE

___ President ___ 1st Vice President ___ 2nd Vice President ___ Secretary ___ Treasurer
___ Asst. Treasurer

ABCOTS Area _____

___ Moderator ___ Vice Moderator ___ Secretary _____ Treasurer

___ Other _____

(specify)

AUXILIARIES: ___ Men ___ Women ___ Ministers

___ President ___ Vice President ___ Secretary Asst. Secretary ___ Treasurer

___ Other _____

(specify)

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CANDIDATE'S NAME _____

CHURCH AFFILIATION _____

ADDRESS OF CHURCH _____

Person completing this form:

Name _____ Telephone _____

Address _____

(Street, City, State, Zip Code)

I am completing this form:

() as an individual () on behalf of (Church) _____ Area _____

I believe the candidate will bring the following spiritual gifts, skills, experience and/or expertise to the position: