

Presbytery of Wabash Valley
NOMINATING COMMITTEE
Self Referral Form
We'd like to get to know you better



Date_____

Last Name

First Name

Mailing Address

City

State

Zip

Primary Phone

Secondary Phone

Cell Phone

Email Address

Church

Church Location

Ruling Elder Teaching Elder Deacon Trustee Member

I WOULD BE INTERESTED IN SERVING ON THE FOLLOWING PRESBYTERY COMMITTEE:

Presbytery Council

Commission on Ministry

Commission on Preparation for Ministry

Committee on Representation

Nominating Committee

Geneva Center Ministry Team

New Ministry Development Team

Personnel Ministry Team

Stewardship Ministry Team

Transformation Ministry Team

Permanent Judicial Commission

Synod Commissioner

Where most needed

(OVER)

Please provide the following information in order to facilitate our commitment to balanced representation:

Male Female

Age: under 25 25-35 36-50 51-65 65+

Racial Identification: (Optional) Asian Black Caucasian Hispanic Other

Disability (if any) _____

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OCCUPATIONAL EXPERIENCE: _____

CHURCH EXPERIENCE: _____
Service in the local congregation: _____

EXPERIENCE IN THE LARGER CHURCH, IF ANY: _____
Presbytery of Wabash Valley: _____

Other Presbyteries: _____

Synod: _____

General Assembly: _____

WHAT ARE YOUR SPIRITUAL GIFTS? _____

WHAT ARE YOUR HOBBIES/SPECIAL INTERESTS? _____

Please return to:
presbyterywv@gmail.com
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574-223-5678 · 800-235-5376 (IN only) · www.ourpresbytery.org