

**RECOMMENDATION FOR NOMINATION**

**I RECOMMEND:** FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONGREGATION NAME, CITY, STATE: \_\_\_\_\_

REGION:     NW             NE             CE             SO

**WHO IS (A):**     Ordained (Ord.)     Commissioned (Com.)     Lay Member of LCMS Congregation

**FOR THE DISTRICT POSITION(S):**

- |  |  |
|--|--|
| <input type="checkbox"/> BOARD OF DIRECTORS*<br><i>1 Com., 1 Lay from each Region</i>  | <input type="checkbox"/> SECRETARY*<br><i>1 Ord.</i>   |
| <input type="checkbox"/> TREASURER*<br><i>1 Lay</i>  | <input type="checkbox"/> COUNCIL FOR OUTREACH<br><i>1 Ord., 1 Com., 1 Lay from each Region (Total: 12)</i>             |
| <input type="checkbox"/> COUNCIL FOR SERVICES<br><i>1 Ord., 1 Com., 1 Lay from each Region (Total: 12)</i>                         | <input type="checkbox"/> COUNCIL FOR RESOURCES<br><i>1 Ord., 1 Com., 1 Lay from each Region (Total: 12)</i>            |
| <input type="checkbox"/> WORSHIP & SPIRITUAL CARE<br><i>1 Ord., 1 Com., 1 Lay from each Region (Total: 12)</i>                     | <input type="checkbox"/> COMM. FOR CONVENTION NOMINATIONS<br><i>1 Ord., 1 Com., 1 Lay from each Region (Total: 12)</i> |
| <input type="checkbox"/> COMMITTEE ON CONSTITUTIONAL MATTERS<br><i>2 Ord., 2 Com., 2 Lay (at least 1 layman shall be a lawyer)</i> |  |

*\*Four Regional Vice-Presidents, elected from the roster of Ministers of Religion—Ordained, serve on the Board of Directors but are nominated by the congregations of their region on a separate form. (IN District Bylaws, 7.11) The Secretary and Treasurer also serve on the Board of Directors (IN District Bylaws 2.103)*

**Home Pastor of Nominee:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Circuit Visitor of Nominee:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

**OTHER REFERENCES (For evaluation and sources of information)**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

<p><b>Return to:    Indiana District Convention Nominations 1145 South Barr St. Fort Wayne, IN 46802-3180</b></p>	<p><b>POSTMARKED BY:    April 13, 2018</b></p>
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## EVALUATION

1. Do you believe this person to be a credit to his/her congregation and to the church at large in faith and life?  
 Yes       No       Don't know
2. Do you believe this person will uphold and honor the Constitution, Bylaws, doctrinal statements, and resolutions of the Synod as the Synod strives to honor its confession and objectives?  
 Yes       No       Don't know
3. In what capacity, for how long, and how well do you know this person?
4. In your opinion, what experience at the congregational, district, and/or Synod level does this person have which qualifies him/her for the position(s) for which he/she has been recommended?
5. Please add comments, if you wish, noting any special qualifications not previously mentioned:

**Please evaluate this person in the following categories:**

*(Please use the following numbers: 1 = Poor / 2 = Fair / 3 = Good / 4 = Excellent)*

Analytical Thinking	_____	Financial Skills	_____
Creative Thinking	_____	Management Skills	_____
Able to work with others	_____	Judgment	_____
Trustworthiness	_____	Initiative	_____
Theological Understanding	_____	Qualifications for <u>this</u> position	_____

### YOUR NAME AND CONTACT INFORMATION

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Congregation Name, City, State: \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*(See submission instructions in the box on the front side of the form)*