



**NOMINATION FORM
FOR DISTRICT NOMINATIONS**

2022 INDIANA DISTRICT CONVENTION

Grand Wayne Convention Center
Fort Wayne, Indiana
June 23-24 2022

Please complete both sides of this form and return to the District Office, postmarked by April 22, 2022.

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):

BOARD OF DIRECTORS*
1 Com., 1 Lay from each Region

SECRETARY*
1 Ord.

TREASURER*
1 Lay

COUNCIL FOR OUTREACH
1 Ord., 1 Com., 1 Lay from each Region (Total: 12)

COUNCIL FOR SERVICES
1 Ord., 1 Com., 1 Lay from each Region (Total: 12)

COUNCIL FOR RESOURCES
1 Ord., 1 Com., 1 Lay from each Region (Total: 12)

WORSHIP & SPIRITUAL CARE
1 Ord., 1 Com., 1 Lay from each Region (Total: 12)

COMM. FOR CONVENTION NOMINATIONS
1 Ord., 1 Com., 1 Lay from each Region (Total: 12)

COMMITTEE ON CONSTITUTIONAL MATTERS
2 Ord., 2 Com., 2 Lay (at least 1 layman shall be a lawyer)

SYNOD NOMINATING COMMITTEE
1 Lay

A change of name from "council" to "commission" is being proposed at convention. Our councils are defined as both advisory and assistive (Bylaws 9.1, 10.1, 11.1), and the assistive role does not fit the definition of a council (Handbook 1.2.1[g]). No change is being proposed in the purpose of the council itself. Election to the council would imply election to the commission, if the proposed name change is approved.

**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, 13.2.1) The Secretary and Treasurer also serve on the Board of Directors (IN District Bylaws 8.3.6.2)*

Home Pastor of Nominee:

Circuit Visitor of Nominee:

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, ZIP: _____

City, State, ZIP: _____

E-mail: _____

E-mail: _____

OTHER REFERENCES (For evaluation and sources of information)

Full Name: _____

Full Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, ZIP: _____

State, ZIP: _____

E-mail: _____

E-mail: _____

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: _____

Your Signature: _____ **Date:** _____

(Ink signature only - electronic signature not accepted)

**Return to: Convention Nominations
Indiana District Office
1145 S. Barr Street
Fort Wayne, IN 46802**

Postmark by April 22, 2022