

**NOMINATION FORM (2010)**

**Diocese of Western Massachusetts**

DATE \_\_\_\_\_ For the position of \_\_\_\_\_  
*(Office to be filled)*

I / we wish to place in nomination the name of \_\_\_\_\_  
*(Name in full, as he or she signs it)*

\_\_\_\_\_  
*(Congregation of Nominee)*

She / He has given consent to this Nomination and, if elected, will serve in accord with the terms and responsibilities assigned to that particular office. Also, the three undersigned delegates or delegates-elect of the Diocesan Convention have consented to this nomination.

*(Signed)* \_\_\_\_\_ *(Parish)* \_\_\_\_\_

*(Signed)* \_\_\_\_\_ *(Parish)* \_\_\_\_\_

*(Signed)* \_\_\_\_\_ *(Parish)* \_\_\_\_\_

**FOR THE PERSON NOMINATED:** Please submit your answers to the following questions. Please type or write legibly in black ink, and keep your answers brief. A sample response is on the back of this form.

1. List any elected or appointed positions or ministries held at the parish, diocesan, provincial and/or national church level.
2. Provide a 40-50 word Statement on why you seek to serve in the office for which you are being nominated.
3. Provide a 40-50 word Statement on issues that you believe are important in the life of the diocese and the church.
4. OPTION: Provide a short 2-3 minute YouTube video that covers the above questions.

**IF FOR DIOCESAN COUNCIL OR THE TRUSTEES OF THE DIOCESE, RETURN THIS NOMINATION FORM TO YOUR DEAN AT LEAST A WEEK BEFORE A DEANERY OR CLERICUS MEETING.**

**IF FOR ANOTHER OFFICE, RETURN THIS NOMINATION FORM BY September 15, 2010 TO:**  
The Secretary of Convention  
The Diocese of Western Massachusetts  
37 Chestnut Street  
Springfield, MA 01103

Duplication of this form is permitted, or additional copies may be obtained from the Secretary of Convention. Phone 800-332-8513 or 413-737-4786 (ext 19) for additional information.

