

THE CALL PROCESS: Nomination for Call

East Central Synod of Wisconsin
16 Tri-Park Way
Appleton, WI 54914
920/734-5381 Fax: 920/734-5074

Please submit the completed form to the address printed above for nomination of:

Pastor Associate Pastor Associate in Ministry Deaconess Diaconal Minister
Please circle the title in the above line for the position for which you are nominating this person

Calling Congregation/Agency: _____ , _____
(congregation/agency name) (city)

Name of person being nominated: _____
(Please print first name, middle initial and last name)

presently serving _____
(congregation/agency name)

in _____ as _____
(city, state) (title)

Known strengths of this person (use other side of sheet, if necessary):

- 1) _____
- 2) _____
- 3) _____

Reasons why I feel s/he should be nominated for call to our congregation/agency (use other side of sheet if necessary):

- 1) _____
- 2) _____
- 3) _____

My nomination of this person is prompted by:

_____ personal acquaintance _____ word from other(s)
_____ request from the nominee _____ see other side for elaboration

This person does/does not (circle one) have relatives in the congregation.

Submitted by: _____
(Please print name)

Signature: _____ Date: _____