

**NOMINATION FORM**

**Faith Alive Christian Resources Board**

**To be completed by the stated clerk of classis:**

1. Name of nominee: \_\_\_\_\_

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

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Province/State)

\_\_\_\_\_  
(Postal/Zip Code)

Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Local church membership: \_\_\_\_\_

2. What strengths does the nominee bring to this board position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Has the nominee indicated willingness and availability to serve? \_\_\_\_\_

4. Comments about the nominee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clerk: \_\_\_\_\_ Classis: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form by November 15 to:  
Ms. Dee Recker, Director of Synodical Services  
Christian Reformed Church in North America  
2850 Kalamazoo Ave. SE  
Grand Rapids, MI 49560  
Fax: (616)224-5895  
Email: drecker@crcna.org**

**NOMINATION FORM**  
**Faith Alive Christian Resources Board**

**To be completed by the nominee:**

1. Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

\_\_\_\_\_

(City) (Province/State) (Postal/Zip Code)

Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Ethnicity:**  Asian/Pacific Islander  Black/African American/African Canadian  Caucasian/White  
 Hispanic  Native American/First Nation  Other: \_\_\_\_\_

2. Age of nominee: \_\_\_\_\_ Local church membership: \_\_\_\_\_

3. Academic, business, or professional training: \_\_\_\_\_

\_\_\_\_\_

4. Present position or occupation: \_\_\_\_\_

5. Are you on the payroll of a CRC agency, ministry, college, or seminary? Yes \_\_\_ No \_\_\_

6. Previous experience on denominational, ecclesiastical, or nonecclesiastical boards  
or committees: \_\_\_\_\_

\_\_\_\_\_

7. Current membership on boards or committees: \_\_\_\_\_

\_\_\_\_\_

8. Local church council experience: \_\_\_\_\_

\_\_\_\_\_

9. Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Classis: \_\_\_\_\_ Date: \_\_\_\_\_

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