

NOMINATION FORM

Christian Reformed Home Missions 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
Christian Reformed Home Missions 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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