

NOMINATION FORM
CRC Denominational Board

NOMINEE, please complete and submit to address at end of this form. Thank you!

1. By way of the following information and my signature at the end of the form, I am willing to be considered for nomination to the following denominational board:

☐ Calvin College ☐ Calvin Theological Seminary ☐ Council of Delegates (CRCNA)

2. 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: _____

3. Age of nominee: _____ Local church membership: _____

4. Academic, business, or professional training: _____

5. Present position or occupation: _____

6. Are you on the payroll of a CRC agency, ministry, college, or seminary? Yes ____ No ____

7. Previous experience on denominational, ecclesiastical, or nonecclesiastical boards
or committees: _____

8. Current membership on boards or committees: _____

9. Local church council experience: _____

10. Please share any additional comments on reverse side or on a separate sheet.

Signature: _____ Classis: _____ Date: _____

Please return this form by November 15 to:
Ms. Dee Recker, Director of Synodical Services
Christian Reformed Church in North America, 1700 28th St. SE, Grand Rapids, MI 49508
Email: drecker@crcna.org; Fax: (616)224-5895