

RECOMMENDATION FOR NOMINATION FOR LCMS CONVENTION 2007 *(please type or print)*

I recommend the follow person-- Name: _____
First Middle Last

Street: _____
 City, State, Zip: _____
 Phone Number: _____

for the following office, board, or commission: **(PLEASE FILL OUT SEPARATE FORMS IF NOMINATING FOR MORE THAN ONE POSITION)**

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Secretary | <input type="checkbox"/> LCMS Board of Directors | <input type="checkbox"/> Black Ministry | <input type="checkbox"/> Church Extension Fund | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Concordia Historical Institute | <input type="checkbox"/> CPH Board of Directors | <input type="checkbox"/> District and Congregational Services | <input type="checkbox"/> LCMS Foundation | |
| <input type="checkbox"/> Human Care | <input type="checkbox"/> Mission Services | <input type="checkbox"/> Pastoral Education | <input type="checkbox"/> Theology & Church Relations | <input type="checkbox"/> University Education |
| Board of Regents | <input type="checkbox"/> Ann Arbor | <input type="checkbox"/> Austin | <input type="checkbox"/> Bronxville | <input type="checkbox"/> Fort Wayne |
| | <input type="checkbox"/> Irvine | <input type="checkbox"/> Mequon | <input type="checkbox"/> Portland | <input type="checkbox"/> River Forest |
| | <input type="checkbox"/> St. Louis | <input type="checkbox"/> St. Paul | <input type="checkbox"/> Selma | <input type="checkbox"/> Seward |

He/She is a ordained minister commissioned minister layperson

His/Her home congregation is . . . Name: _____

His/Her pastor is . . . Name: _____
 Street: _____
 City/State/Zip: _____

Synodical District: _____

Circuit Counselor: _____
 Address: _____
 City/State/Zip: _____

Other references for evaluation and sources of information, including mailing addresses:

Name and Address	Name and Address
_____	_____
_____	_____
_____	_____

I am a ordained minister commissioned minister layperson

Return as soon as possible to:
 Committee for Convention Nominations
 The Lutheran Church-Missouri Synod
 1333 South Kirkwood Road
 St. Louis, MO 63122-7295

Print Name: _____
 Street: _____
 City, State, Zip: _____
 Phone Number: _____

EVALUATION

1. Do you believe this person to be a credit to his/her congregation and to the church-at-large in faith and life?

Yes No Don't Know

2. Do you believe this person will uphold and honor the Constitution, Bylaws, doctrinal statements, and resolutions of the Synod as the Synod strives to honor its confession and objectives?

Yes No Don't Know

3. In what capacity do you know this person? _____

How long have you been acquainted? _____

4. In your opinion, what experience at the congregational, district, and/or Synod level has this person had which qualifies him/her for the position for which he/she has been recommended?

5. Please evaluate this person in the following categories:

RATING

	Poor 1	Fair 2	Good 3	Exc. 4	No Basis
Analytical Thinking					
Creative Thinking					
Able to work with others					
Trustworthiness					
Financial Skills					
Management Skills					
Judgment					
Initiative					
Theological Understanding					
Supportive of the Synod's Doctrine and Practice					
Overall Qualifications					

Please add comments if you wish:

Date _____ Signature _____