

**RECOMMENDATION FOR NOMINATION  
FOR LCMS CONVENTION 2010**  
*(please type or print)*

I recommend the following person—Name: \_\_\_\_\_

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)

- Secretary     LCMS Board of Directors     Church Extension Fund  
 CPH Board of Directors     District and Congregational Services     Mission Services  
 Pastoral Education     Theology & Church Relations     University Education  
**Board of Regents** —  Ann Arbor     Austin     Bronxville     Fort Wayne     Irvine     Mequon  
 Portland     River Forest     St. Louis     St. Paul     Selma     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: \_\_\_\_\_

**Synod District:** \_\_\_\_\_

**Circuit Counselor:** \_\_\_\_\_

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

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**

Name: (print) \_\_\_\_\_

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 synodical 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 \_\_\_\_\_