



## Committee Nomination Form: Gathered Strategy Committee

The objective of the Gathered Strategy is to ensure Word and Sacrament ministry is provided in the metropolitan New York area. The three areas of focus are:

- Locations: determine congregations and church facilities needed to meet the objectives of this strategy
- Leadership: attract, equip and support pastors and lay leaders to execute this strategy
- Ministries: develop new and renewed ministries to enhance this strategy

This committee meets on a monthly basis on Saturdays.

Please use this form to submit a nomination – use a separate form for each nominee. Completed forms can be sent as an attachment to [info@mnys.org](mailto:info@mnys.org).

### Nominee Information

*Please type all answers using the fillable fields. This first section should be completed by the nominee.*

**Name:** \_\_\_\_\_  
Title      Last      First      Middle Initial

**Nominee's Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

**Congregation:** \_\_\_\_\_  
Congregation Name      City

**Age bracket:**    under 19     20-29     30-39     40-49     50-59     60+

**Ethnic Background:**     African Descent                       American Indian and Alaskan Native  
                                   European Descent                       Arab and Middle Eastern  
                                   Latino     Asian and Pacific Islander  
                                   Primary language other than English

**Gender:**         male             female

**Current Position/Employment** \_\_\_\_\_

**Has this person served on this committee before?**    No    Yes (when? \_\_\_\_\_)

**The Gathered Strategy Committee is charged with ensuring Word and Sacrament ministry is provided in the metropolitan New York area. What are your specific qualifications, skills, and experiences that directly relate to this charge?**

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The three areas of focus are locations, leadership, and ministries. Which of these interest you the most and why?

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**Affirmation by Nominee:** I understand the requirements of the serving on this committee and intend to serve if appointed by the bishop.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

## Nominator's Information

*Please type all answers using the fillable fields. This second section should be completed by the nominee.*

**Member of:**

Self-nomination

Current member of Gathered

Synod Council

Conference of Deans

Steering Committee

Synod Staff

Other: \_\_\_\_\_

**Name:** \_\_\_\_\_

*Title*

*Last*

*First*

*Middle Initial*

**Nominator's Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Congregation:** \_\_\_\_\_

*Congregation Name*

*City*

**Why are you recommending this person? What gifts do you recognize in this person?**

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**Affirmation by Nominator:** I affirm I have spoken with this nominee and believe they are well-suited to serve in this capacity if appointed by the bishop.

\_\_\_\_\_  
Nominator's Signature

\_\_\_\_\_  
Date