Metropolitan New York Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Committee Nomination Form:
Disaster Response Task Force

As determined by the 2015 Synod Assembly, the Disaster Response Task Force will consisting of at least one person from each quadrant, a member of the synod staff, and a representative from LSSNY. The Disaster Response Task Force will maintain familiarity with the Disaster Plan and ensure the Disaster Response and Planning web page contains current information and links, and assist the bishop and synod to assess the nature and scope of a disaster and appropriate synod response. The convener of the Disaster Response Task Force will participate in the Lutheran Disaster Response network.

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.

Nominee Information

Please type all answers using the fillable fields.

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 _____

Church Leadership Positions (3 maximum):   **Community Leadership Positions** (3 maximum):

_____   _____

_____   _____

_____   _____

Has this person served on this committee before?   No   Yes (when? _____)

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.

Member of: 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 your recommending this person? What gifts do you recognize in this person?

_____

_____

_____

_____

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*