



THE EPISCOPAL DIOCESE OF WESTERN MASSACHUSETTS
NOMINATION FORM (2018)

Date: _____ For the position of _____

I / we wish to place in nomination the name of _____
(Name in full, as he or she signs it)

(Congregation of Nominee)

She / He has given consent to this Nomination and, if elected, will serve in accord with the terms and responsibilities assigned to that particular office. Also, the three undersigned delegates or delegates-elect of the Diocesan Convention have consented to this nomination. At least two of the undersigned must represent Congregations other than that of which the nominee is a member.

(Signed) _____ (Parish) _____

(Signed) _____ (Parish) _____

(Signed) _____ (Parish) _____

FOR THE PERSON NOMINATED: Please submit your answers to the following questions. Please type or write legibly in black ink, and keep your answers brief.

1. List any elected or appointed positions or ministries held at the parish, diocesan, provincial and/or national church level.
2. Provide a 40-50 word Statement on why you seek to serve in the office for which you are being nominated.
3. Provide a 40-50 word Statement on issues that you believe are important in the life of the diocese and the church.
4. OPTION: Provide a short 2-3 minute YouTube video that covers the above questions.

Return this nomination form by August 28, 2018 to:

The Secretary of Convention
The Episcopal Diocese of Western Mass.
37 Chestnut Street
Springfield, MA 01103

Duplication of this form is permitted, or additional copies may be obtained from the Secretary of Convention. Email: Dio.WMass.Conv.Sec@TrinityChurchMilford.org for additional information.