

Conference Nomination Form

Directions: Please complete the front and back of this form and email to unynominations@unyumc.org.

Part 1

Application Date		Office Use Only	Date received:	
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Nomination Request

Position, Group or Committee for Consideration:	
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Nominee Information

First Name:		Middle Name:		Last Name:	
Mailing Address:			Street Address:		
City:		State:		Zip Code:	

Contact Information

Home Phone:		Work Phone:		Cell Phone:	
Email Address:					

Demographic Information (used to provide equitable representation and inclusivity)

Conference Connection	<input type="checkbox"/> Lay person	<input type="checkbox"/> Clergy	District:	
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If a lay person, please provide the following:	Home Church:				
Pastor's name:		Pastor's phone:	Work:		Home:
Signature of Pastor or Lay Leader (Signifies approval of the local church)					

If clergy, please provide the following:	Appointment:	
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Gender (check one):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary
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Age Range (check one)	<input type="checkbox"/> Youth (12-17)	<input type="checkbox"/> Young Adult (18-30)	<input type="checkbox"/> Middle Adult (31-64)	<input type="checkbox"/> Older Adult (65+)
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Race (check all that apply)	<input type="checkbox"/> White	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Native American or Alaska Native (print name of enrolled or principle tribe):			

Ethnicity	Hispanic, Latino, or Spanish origin? (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are special accommodations needed for your participations on teams?	
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Availability to Serve

(check all that apply)	<input type="checkbox"/> Can attend mid-week meetings	<input type="checkbox"/> Can attend evening meetings
	<input type="checkbox"/> Can attend weekend meetings	<input type="checkbox"/> Can attend via conference call

<input type="checkbox"/> Self-nominated	Nominated by:	Name:		Day Phone:	
		Title:		Night Phone:	

In accepting the above nomination, I understand the mission of the named group of the Upper New York Annual Conference and the responsibilities (including frequency of meetings) of serving as a member.

"I certify that I have no known conflicts of interest that could interfere with my service on this commission or committee."

Signature: _____ Date _____

Spiritual Inventory

As Christians, each of us is called to discipleship and to offer our Lord and the Church our gifts and graces. Each of us has been given innate spiritual gifts and talents. The Conference Committee on Nominations and Leadership Development is here to help you offer your gifts and graces so that Christ's light will shine, and you will grow as a passionate, compassionate, visionary, initiative-taking, and spiritual leader. The twenty Spiritual gifts below are those listed within the Pauline epistles to Rome, Ephesus, and Corinth (Romans 12, Ephesians 4, 1 Corinthians 12–13) Please indicate which gifts you have and might share as you consider how to make or change your commitment to serve. There is no right or wrong answer. This list and these questions are here to help us discern where your gifts might help serve the larger UNY Conference.

Please select your top 3 Spiritual Gifts within the list below:

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|---|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Faith | <input type="checkbox"/> Knowledge | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Apostleship | <input type="checkbox"/> Giving | <input type="checkbox"/> Leadership | <input type="checkbox"/> Tongues |
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Healing | <input type="checkbox"/> Miracles | <input type="checkbox"/> Wisdom |
| <input type="checkbox"/> Discernment | <input type="checkbox"/> Helping | <input type="checkbox"/> Prophecy | |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Interpretation
of Tongues | <input type="checkbox"/> Servanthood | |
| <input type="checkbox"/> Exhortation | | <input type="checkbox"/> Shepherding | |

What evidence would you share about applying your top three spiritual gifts?

After prayerful consideration, where do you feel God is calling you to serve?

Previous Leadership Experience

What Professional experience have you had? Please indicate any professional skills and positions you've worked throughout your career path/your lifetime.

What leadership positions have held and/or other experiences you have gained that have helped you become a passionate, compassionate, visionary, initiative-taking, and spiritual leader? Please indicate all local church, district, or conference positions and experiences. Attach an additional sheet if necessary.

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