

**PRESBYTERY OF SOUTHEASTERN ILLINOIS
SELF NOMINATION FOR PRESBYTERY SERVICE**

Date _____

(Last Name) _____ (Full first name) _____ (preferred name) _____

(Mailing Address) _____

(Email) _____ (Home Phone) _____

(Church) _____

_____ Teaching Elder (male) _____ Teaching Elder (female)

_____ Ruling Elder (male) _____ Ruling Elder (female)

I WOULD BE INTERESTED IN SERVING ON THE FOLLOWING PRESBYTERY COMMITTEE:

_____ Committee on Preparation for Ministry

_____ Committee on Ministry

_____ Committee on Representation

_____ Permanent Judicial Commission

_____ Personnel

_____ Trustees

Please provide the following optional information in order to facilitate our commitment to balanced representation:

Male: _____ Female: _____

Age: under 25 _____ 25-35 _____ 36-50 _____ 51-65 _____ 65+ _____

Racial Identification: _____

Occupational Experience: _____

Church Experience: _____

Service in the local congregation: _____

Experience in
Presbytery Service: _____

Synod Service: _____

General Assembly Service: _____

What are your hobbies/special interests? _____

