

## Pastoral Nomination Form

All members of Faith Lutheran Church are invited to submit a name (or names) of Lutheran Church—Missouri Synod Pastors to the call committee for our consideration. Before submitting a nomination, please obtain a printed Ministry Position Description from the church office. This will guide you in prayerfully considering whether the pastor you wish to nominate has the qualifications to serve our congregation as its next pastor. Please complete the form in its entirety.

Full name of pastor you are nominating. \_\_\_\_\_.

Address \_\_\_\_\_

Street

City

State

Zip Code

Name of Congregation and city where the pastor currently serves \_\_\_\_\_

\_\_\_\_\_.

Why do you believe that our congregation should consider calling this pastor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a relative of this pastor? \_\_\_\_\_ (If you are a relative of this pastor, please list relationship \_\_\_\_\_).

If you do not know this pastor personally, who gave you the name of this pastor to present to our congregations Call Committee? \_\_\_\_\_

For additional information that you desire to share \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your name \_\_\_\_\_.

Home Phone number \_\_\_\_\_

Cell Phone number (Optional) \_\_\_\_\_

**NOMINATION DEADLINE IS SUNDAY, JUNE 11<sup>th</sup>, 2024**