

# FLORIDA CONFERENCE BOARD AND COMMITTEES NOMINATION FORM

(Please print or type)

MAIL TO: Nominating Committee  
9300 University Blvd  
Orlando, FL 32817

OR EMAIL: DCYRIL@UCCFLA.ORG

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

AGE		ECCLESIASTICAL STANDING	RACE/ETHNIC ORIGIN	GENDER
<18	18-29	ORDAINED	AMERICAN INDIAN/NATIVE AMERICAN	MALE
30-39	40-49	LAY	BLACK/AFRICAN AMERICAN	FEMALE
50-59	>60		WHITE/EURO-AMERICAN	OTHER DEFINITION
			HISPANIC/LATINO/LATINA	
			PACIFIC ISLANDER	
			ASIAN/ASIAN AMERICAN	

Local Church \_\_\_\_\_

Pastor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check all that apply:**

Board of Directors	_____	Nominating	_____	Gift Development	_____
COCAM	_____	Property	_____	Grants/Awards	_____
Personnel	_____	Investment	_____	Budget/Finance	_____

Nominee's Service in the:

A. Local church

B. Denomination (conference, national)

C. Ecumenical Community

II. Qualities, special skills/interests, community involvement

III. Professional/occupational/life experiences

Nomination submitted by:

Name \_\_\_\_\_

Office/position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_