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 _________________________________________________________

<table>
<thead>
<tr>
<th>AGE</th>
<th>ECCLESIASTICAL STANDING</th>
<th>RACE/ETHNIC ORIGIN</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>18-29</td>
<td>AMERICAN INDIAN/NATIVE AMERICAN</td>
<td>MALE</td>
</tr>
<tr>
<td>30-39</td>
<td>40-49</td>
<td>BLACK/AFRICAN AMERICAN</td>
<td>FEMALE</td>
</tr>
<tr>
<td>50-59</td>
<td>&gt;60</td>
<td>WHITE/EURO-AMERICAN</td>
<td>OTHER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HISPANIC/LATINO/LATINA</td>
<td>DEFINITION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACIFIC ISLANDER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ASIAN/ASIAN AMERICAN</td>
<td></td>
</tr>
</tbody>
</table>

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_______________