

VESTRY NOMINATION FORM (2015)

All Saints' Episcopal Church & Preschool

Nominee: _____
First Name *Last Name*

Phone: () _____ Email: _____

Has nominee ever been a member of a Vestry (*All Saints' or another Church*)? Yes No

NOMINATION SUBMITTED BY ANOTHER PERSON

Nomination submitted by (*if other than the nominee*):

Has this person been notified of this nomination?

First Name

Last Name

Yes No

Email of person submitting nomination (*if other than nominee*):

QUESTIONNAIRE

To be filled out by the nominee. If you are submitting a nomination for another person, please do not answer the questions below. The nominee will be asked to fill out the information.

Responses below will be printed in the nomination packet that will be distributed at the Annual Meeting, if received by Tuesday, January 20.

Why do you feel called to serve on the Vestry of All Saints'? (*Answer in 100 words or less.*)

Please describe your participation at All Saints' or in the community, indicating leadership experience that you think would be helpful for the Vestry. (*Answer in 100 words or less.*)

What is your vision for All Saints' in the next three years? (*Answer in 100 words or less.*)