

# VESTRY NOMINATION FORM (2017)

*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 24<sup>th</sup>.

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.*)