

**PCN NOMINATION FORM**



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_ (Y) \_\_\_\_ (N) \_\_\_\_\_  
**Name recommended for nomination**      **Self-referral?**      **Signature if Self-Referral**

\_\_\_\_\_  
**Home Address**      **City**      **State**      **ZIP**

(\_\_\_\_)\_\_\_\_-\_\_\_\_      (\_\_\_\_)\_\_\_\_-\_\_\_\_      (\_\_\_\_)\_\_\_\_-\_\_\_\_      (\_\_\_\_)\_\_\_\_-\_\_\_\_  
**Home phone**      **Office phone**      **Cell phone**      **Fax**

\_\_\_\_\_  
**E-Mail Address**      **Occupation**

\_\_\_\_\_  
**Church member of**      **City**

<b>Age Group:</b>	<b>Gender:</b>	<b>Category:</b>	<b>Racial Ethnic:</b>
____ 0 - 25	____ M	____ Teaching Elder (TE)	____ Asian
____ 26 - 35	____ F	____ Honorably Retired Teaching Elder (HR)	____ Caucasian
____ 36 - 45		____ Ruling Elder (RE)	____ African American
____ 46 - 55		____ Deacon	____ Hispanic
____ 56 - 65		____ Commissioned Ruling Elder (CRE)	____ Middle Eastern
____ Over 65		____ Certified Christian/Associate Educator	____ Native American
		____ Certified Administrative Professional	____ Other: _____
		____ Active Member	

**Disability:** \_\_\_\_ (Y)      Description: \_\_\_\_\_  
 \_\_\_\_ (N)      Accommodations Needed: \_\_\_\_\_

**Brief Description of Skills/Experience (\*):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Recommended For: (Please prioritize if you make more than one recommendation)**

- |   |   |
|---|---|
| ____ Nominating Committee                           | ____ Business & Budget (Sub Committee to Council) |
| ____ Council  | ____ Permanent Judicial Commission                |
| ____ Committee on Ministry                          | ____ Youth Committee                              |
| ____ Committee on Preparation for Ministry          | ____ Sexual Misconduct Response Team              |
| ____ Personnel Committee (Sub Committee to Council) | ____ Sudanese Commission                          |
| ____ Quad Growth Committee                          | ____ Quad Presbytery Consortium                   |
| ____ Moderator-Elect                                | ____ General Assembly Commissioner                |
| ____ Synod Commissioner                             | (Commissioner before? If so, indicate year ____)  |
| ____ Wherever Needed                                |   |

**Non Self-Referral Submitted By:**

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Church: \_\_\_\_\_ City: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Please return form to:**

**Mail:** Presbytery of Central Nebraska  
 4111 4<sup>th</sup> Avenue, STE 28  
 Kearney, NE 68845  
**Fax:** 308-237-5238  
**E-mail:** [office@centralnepresby.org](mailto:office@centralnepresby.org)