

## **EPISCOPAL CHURCH WOMEN**

## **Episcopal Diocese of New York NOMINATION FORM**

This form is to be used for nominations for positions on the ECW Diocesan Board. Please print clearly. Please use the other side or extra sheets of paper if needed for additional information.

| I. Position being nominated for  |                                       |                                      |  |                     |
|--|---------------------------------------|--------------------------------------|--|---------------------|
| Nominee's name   |                                       |                                      |  |                     |
| Nominee's mailing address  |                                       |                                      |  |                     |
| City   | State                                 | Zip C                                | ode                                      |                     |
| Email  | Home Telephone #                      |                                      |  |                     |
| Mobile Telephone #   |                                       |                                      |  |                     |
| Occupation status: Fulltime: Y   | N ; Part T                            | ime: Y N                             | ; Retired: Y_                            | N                   |
| Occupation   | Parish, City:                         |                                      |  |                     |
| Regional or Diocesan Activities _  |                                       |                                      |  |                     |
| Parish and/ or Community Activit   | ies                                   |                                      |  |                     |
| II. To be filled out by the parish properties of a Regional Representative explanation expressing why you be | re of the Diocesa<br>elieve this nomi | nn Board. In add<br>nee will be suit | dition, please sul<br>able for this posi | bmit a brief ition. |
| I,   |                                       |                                      |  |                     |
| aforementioned position. My addr   |                                       |                                      |  |                     |
| City   | State                                 | Zip Cod                              | e  |                     |
| Home telephone #   | Mobile telephone #                    |                                      |  |                     |
| Email  | Parish, City                          |                                      |  |                     |
| III. By signing this form, the nomi  | nee confirms:                         |                                      |  |                     |
| <ol> <li>Knowledge of the duties of</li> <li>Awareness of the board mee</li> </ol>                           |                                       |                                      | plying                                   |                     |
| Nominee's signature  |                                       |                                      |  |                     |
|  | Date                                  |                                      |  |                     |
| Please note that this form must be   |                                       |                                      |  |                     |

Please note that this form must be completely filled out and signed before submitting. Each board term is three years in duration, (Nominating Chair, one term). Diocesan Board meetings are held monthly from 6 p.m. to 8 p.m. on the third Tuesday September thru May except for March and December. Please return completed form to: Ms. Marie McCullough, 779 Concourse Village East #1D, Bronx, NY 10451, (718) 992-5827; majbook@aol.com