

PRESBYTERY OF SAN FRANCISCO
Nomination Form

Nominee Name _____

Address _____

City _____ Zip code _____

Email _____

Phone (Day) _____ Evening _____

Male ___ Female ___ Youth ___ Elder ___ Clergy _____

Congregation Member at _____

Racial Ethnic _____ Handicapped _____
(optional) (optional)

Special Gifts/Skills _____

Work Experience _____

Church Experience _____

Committee Most Interested In Serving On _____

Other Committees Willing to Serve On _____

Other Information to Assist in Assignment _____

Time and Day of Week Available to Serve: (example: 9A-12N; 7P-9P; 9A-5P)

	Mon	Tues	Wed	Thur	Fri
Days	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____

Return Form To:

The Nominating Committee
Presbytery of San Francisco
545 Ashbury Avenue
El Cerrito, CA 94530
Email; NOM@sfpby.org