

PRESBYTERY OF SAN FRANCISCO
NOMINATION FORM FOR COMMITTEES, WORKING GROUPS, AND TEAMS

Nominee Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell: _____ Work: _____ Home: _____

Email: _____

Gender: _____ Birthday: _____ Racial Ethnic _____

Ruling Elder _____ Minister of Word and Sacrament _____

Name of Church/Ministry: _____

Current Position: _____

Special Gifts/Skills: _____

Church Experience: _____

Presbytery Experience: _____

Work Experience: _____

Please email the completed form to nom@sfpby.org.