

The Presbytery of Detroit  
Endorsement Nomination Form

**TYPE OR PRINT LEGIBLY THE NAME OF A PERSON WITH WHOM YOU HAVE HAD A CONSULTATION AND WHO IS WILLING TO SERVE, IF NOMINATED AND ELECTED.**

Nominee's name: \_\_\_\_\_ Date \_\_\_\_\_

Endorsed for (Committee or Team) \_\_\_\_\_

Nominee's address: \_\_\_\_\_ apt # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation or Occupation before retirement: \_\_\_\_\_

Church name: \_\_\_\_\_

Church address: \_\_\_\_\_

Prior or current service to Congregation, Presbytery, Synod or GA (if known): \_\_\_\_\_

Special expertise/skills: \_\_\_\_\_

Preferred Time of Meeting: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

The following is needed to ensure inclusiveness:

Male  Female  Minister  Elder  Other

Racial ethnic identification:  African Am.  Asian  Hispanic  
 White  Other

Age:  Under 35  35-55  55+

Name of Endorser: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

**The Committee on Nominations**

The Presbytery of Detroit, 17575 Hubbell, Detroit, MI 48235