

THE CALL PROCESS: **Nomination for Call**

Northwest Washington Synod  
5519 Phinney Avenue North  
Seattle, WA 98103-5829  
206/783-9292 FAX: 206/783-9833

*Please submit the completed form to the address printed above for nomination of:*

**Pastor    Associate Pastor    Associate in Ministry    Deaconess    Diaconal Minister**

*Please circle the title in the above line of the position for which you are nomination this person*

Calling Congregation/Agency: \_\_\_\_\_, \_\_\_\_\_  
(congregation/agency name) (city)

Name of person being nominated: \_\_\_\_\_  
(Please print first name, middle initial and last name)

presently serving \_\_\_\_\_  
(congregation/agency name)

in \_\_\_\_\_ as \_\_\_\_\_  
(city, state) (title)

Known strengths of this person *(use other side of sheet, if necessary)*:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Reasons why I feel s/he should be nominated for call to our congregation/agency *(use other side of sheet if necessary)*:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

My nomination of this person is prompted by:

- \_\_\_\_\_ personal acquaintance      \_\_\_\_\_ word from other(s)
- \_\_\_\_\_ request from the nominee      \_\_\_\_\_ see other side for elaboration

This person does/does not *(circle one)* have relatives in the congregation.

Submitted by \_\_\_\_\_  
(Please print name)

Signature: \_\_\_\_\_ Date \_\_\_\_\_