

GOSHEN BAPTIST ASSOCIATION

Nominee Recommendation Form

Name of Nominee: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____
(Office) _____

Check One: Layperson Minister

Occupation: _____

Gender: Male Female

Age: 25 - 45 45 - 65 Over 65

Holds Church Membership at: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Major activities in local Church: _____

Prior service in the Goshen Association: _____

Your specific reasons for recommending this person: _____

Mark the position or committee on which you believe this person could best serve. Duties for all positions are described in the Bylaws found in the Association Annual. *Mark no more than two.*

Association Officers:

Moderator Vice-Moderator Clerk Assistant Clerk Treasurer Assistant Treasurer

Organization Directors:

Men 'N Ministry Newsletter Partnership Missions VBMB Representative(s)

Permanent Committees:

Audit Constitution and Bylaws Review Nominating Planning Property and Grounds

Name of person making the recommendation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Office) _____

E-mail: _____

Please Follow these guidelines when making your recommendation:

- Nominee must be a member of a Goshen Association church.
- Give as much information as possible on the nominee.
- Secure nominee's permission before sending in name.
- **Submit by July 1st.**
- **Remember:**
Recommendation does not ensure appointment and only those recommended will be notified.

Recommendations may be mailed to:

**Goshen Ministry Center
Nominating Committee
P.O. Box 296
Mineral, Virginia 23117**

or Faxed to: 540 - 894-8442

**For more information please contact
Joy Dickens, Goshen Association
Ministry Assistant, at:**

- **Telephone: 540 - 894-8440**