

# AMERICAN BAPTIST CHURCHES OF OHIO LEADERSHIP POOL NOMINATION FORM

*"A spiritual gift is given to each of us so we can help each other"*  
- 1 Corinthians 12:7 (New Living Translation)

- The *Leadership Pool* shall reflect the diversity of the Region with respect to the following criteria: **Giftedness, Location, Financial Expertise, Legal Expertise, Theological Training, Occupation, Education, Connectional Relationships, Gender, and Ethnicity.**
- This Nomination Form will be used for possible appointment and nomination consideration for a period of two years from the date signed.
- This Form may be reproduced as needed. Forms can be returned to the Region Office

Name \_\_\_\_\_ *Last, First, Middle Initial*

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Title** (*circle appropriate title*): Miss Ms. Mrs. Mr. Dr. Rev.      **Gender:** Female      Male

**Ethnicity:**  African American     Asian     Euro-American     Hispanic     Other \_\_\_\_\_

**Profession or Vocation:** \_\_\_\_\_

**Vocational Responsibilities/Duties:** \_\_\_\_\_

## LOCAL CHURCH MEMBERSHIP:

Church Name \_\_\_\_\_ City \_\_\_\_\_ Association \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_ **Pastor's Phone #:** \_\_\_\_\_

**My church supports ABC/Ohio Missions financially:**    \_\_\_\_ YES    \_\_\_\_ NO

**LOCAL CHURCH POSITIONS HELD (Current):**

\_\_\_\_\_  
\_\_\_\_\_

**POSITIONS HELD IN LOCAL ASSOCIATION, ABC/OHIO REGION, OR COMMUNITY (Past and Present):**

\_\_\_\_\_  
\_\_\_\_\_

I am interested in serving the American Baptist Churches of Ohio Region in the following area(s) ~

Regional Board Member     Regional Board Officer     State Advisory Committee on Ordination

Leadership Academy     Nominating Committee     Regional Ministry Teams

Regional Task Forces     Other: \_\_\_\_\_

(OVER)

**SKILLS, QUALIFICATIONS, AND EXPERIENCE THE NOMINEE WOULD BRING TO THE LEADERSHIP POOL:**

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Date: \_\_\_\_\_ (Signature) \_\_\_\_\_  
(Please print name) \_\_\_\_\_

Person completing form is:      Nominee                              OR                              Nominator

**For Pastors nominating/affirming individuals:**

I recommend the above person as a qualified individual to be placed in the ABC/OH *Leadership Pool* to serve in ways that affirm his/her spiritual gifts, their commitment to the local church and region, and their dedication to our Lord and Savior Jesus Christ.

Date: \_\_\_\_\_ (Signature) \_\_\_\_\_  
(Please print name) \_\_\_\_\_

**Thank you for returning this  
completed form to:**

**ABC/OHIO REGION OFFICE  
136 Galway Drive North  
Granville, OH 43023-9577  
Email [lhoskinson@abc-ohio.org](mailto:lhoskinson@abc-ohio.org)  
Phone 740.587.0804  
Fax 740.587.0807**