

General Nomination Form

To fill the position of
Assistant to the President
Iowa District West, LCMS

I recommend the following person:	Name:	
	Street:	
	City, State Zip:	
	Phone Number:	
	Email:	

Nominee is willing to be considered for the position:	<input type="checkbox"/> Yes	<input type="checkbox"/> Uncertain
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He is a member of (name of congregation):	
Address:	

Synod District:	
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Circuit Visitor:	
Address:	

Three References: (Name/Address/Phone/Email)	
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Special qualifications of the man being recommended:	
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Please return to: The Office of District President Iowa District West, LCMS 409 Kenyon Road, Suite B Fort Dodge, IA 50501 Email: jill@IowaDistrictWest.org Fax: 515-576-2323	Print/Type Name:	
	Signature:	
	Street:	
	City, State, Zip:	
	Phone Number:	

EVALUATION

1. In what capacity do you know this man?

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How long have you been acquainted?

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2. In your opinion, what experience at the congregational, district, and/or the Synod level has he had which qualifies him for the position for which he has been recommended?

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Rating

	Poor 1	Fair 2	Good 3	Excellent 4	No Basis 5
Analytical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theological Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive of the Synod Doctrine and Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add comments if you wish:

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Date:

Signature:

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