

Data

THE EPISCOPAL DIOCESE OF WESTERN MASSACHUSETTS NOMINATION FORM (2025)

Date		
I / we wish to place	in nomination the name of	
17 We Wish to place		(Name in full, as he or she signs it)
	<u> </u>	
		(Congregation of Nominee)
responsibilities assig the Diocesan Conve	gned to that particular office. Als	on and, if elected, will serve in accord with the terms are o, the three undersigned delegates or delegates-elect of mination. At least two of the undersigned must be nominee is a member.
(Print)	(Signed)	(Parish)
(Print)	(Signed)	(Parish)
(Print)	(Signed)	(Parish)
NOTE: Signatures ma	y be submitted via this form, or ma	y take the form of an email to the Secretary of Convention

For the position of

FOR THE PERSON NOMINATED: Please submit your answers to the following questions. Please type or write legibly in black ink, and keep your answers brief.

- 1. List any elected or appointed positions or ministries held at the parish, diocesan, provincial and/or national church level.
- 2. Provide a 40-50 word Statement on why you seek to serve in the office for which you are being nominated.
- 3. Provide a 40-50 word Statement on issues that you believe are important in the life of the diocese, and the church.
- 4. OPTION: Provide a short 2-3 minute YouTube video that covers the above questions.

PLEASE NOTE:

indicating the endorser's support.

- All candidates must submit a completed nomination form <u>even if they are standing for</u> reelection.
- The three delegates or delegates-elect of the Diocesan Convention listed above have consented to this nomination.
- At least two of the undersigned must represent congregations other than that of which the nominee is a member; they can be any combination of clergy or lay.
- Duplication of this form is permitted. _

Return this nomination form, via email ONLY, by August 30, 2025 to: The Secretary of Convention, Wende Wheeler at wende.wheeler@gmail.com