

**EVANGELICAL LUTHERAN COALITION FOR MISSION IN APPALACHIA**

Nominee for: \_\_\_\_\_  
(Coalition Council Member, CORA Commissioner, CORA Alternate)

Name \_\_\_\_\_

Address \_\_\_\_\_  
Mailing Address City State Zip

Telephone (Work)\_(\_\_\_\_\_) \_\_\_\_\_ (Home)\_(\_\_\_\_\_) \_\_\_\_\_

ELCA Synod name \_\_\_\_\_

Please check as appropriate:       Female                       Asian  
    Male                               African American  
    Hispanic  
    Lay                                       Native American  
    Rostered                               European American  
    Other

What is your primary language, if other than English? \_\_\_\_\_

Congregational Membership \_\_\_\_\_

Current Position/ Employment \_\_\_\_\_

Education or Equivalent Experience \_\_\_\_\_

List three significant church-service positions you have held (please indicate years of service)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

List three significant community -service positions you have held

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Are you willing to serve if elected? \_\_\_\_\_

How have you been involved in Appalachia or in Appalachian ministry?

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TO BE COMPLETED BY ANOTHER SUBMITTING THIS NAME FOR NOMINATION:

Your reasons for believing the nominee can serve effectively in the position for which he/she is being recommended:

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Nomination submitted by: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Date submitted \_\_\_\_\_

Return to:

ELCMA  
PO Box 338  
Indiana, PA 15701-0338