

**Hope United Methodist Church
Nominations, Leadership and Development
New Leaders Application Form**

Nominee Position: _____

Date: _____

Nominee Full Name _____

Address: _____

Phone Number: _____

Email Address: _____

Name of person who nominated the referral: _____

Current Ministry Membership

Ministry Name: _____ **Position:** _____

Ministry Name: _____ **Position:** _____

Ministry Name: _____ **Position:** _____

Ministry Name: _____ **Position:** _____

Previous Ministry participation (include Hope UMC and prior church if in past 5 years. H=Hope FC=Former Church

Ministry Name:

Ministry Name: _____ **Position:** _____ **H or FC** _____

Ministry Name: _____ **Position:** _____ **H or FC** _____

Ministry Name: _____ **Position:** _____ **H or FC** _____

How does your background experience support the nominated ministry?

What is your current profession?

If retired or unemployed what was your profession before retirement?

Other Comments (Optional)

Nominee's Signature _____ **Date** _____

NLD Signature _____ **Date** _____