

**St. Margaret's Episcopal Church
Nominating Committee Application for Consideration**

_____ **Date**

Name: _____

Address: _____ **City:** _____ **State:** __ **Zip Code:** _____

Daytime Phone: _____ **Evening Phone:** _____

E-Mail Address: _____

Time as a member of St. Margaret's: _____

Worship Service most frequently attended:

Saturday evening. Sunday: 8:00 a.m. 10:00 a.m.

Volunteer activities at St. Margaret's:

Leadership positions held at St. Margaret's or other churches:

Past Vestry, Board, or similar experience:

Reasons for wanting to serve on the Vestry:

Occupation, Hobbies, Talents and Skills:

A Curriculum Vitae or Resume may be attached.