

**NEBRASKA WOMEN OF THE ELCA
NOMINATION FORM FOR OFFICERS AND BOARD MEMBERS
2025-2027 TERM**

Please complete the information requested before returning this nomination form.

Check below the position in which the nominee is willing to serve. The individual nominated must consent to serve if elected. All positions are for a **two-year** term.

_____ Vice President	_____ Metro East Conference Board Member
_____ Secretary	_____ Midlands Conference Board Member
_____ Treasurer	_____ Northeast Conference Board Member
_____ Central Conference Board Member	_____ Southeast Conference Board Member
_____ High Plains Conference Board Member	_____ Southern Prairie Conference Board Member

PLEASE PRINT:

Name _____
Mailing Address _____

Home Phone () _____ **Cell Phone:** () _____
E-mail Address _____

Age Range ☐ 20 – 35 years ☐ 36 – 45 years ☐ 46 – 55 years ☐ 56+ years

Race & Ethnicity ☐ African American ☐ Arab, Middle Eastern ☐ European, White
 ☐ Alaska Native ☐ Asian, Asian American ☐ Hispanic
 ☐ American Indian ☐ Black ☐ Other:

Primary Language if other than English: _____

 Name of Conference _____
 Name of Congregation _____
Address & Town of Congregation _____

Please complete pages 1 and 3 and return by August 8, 2025 to:

Valerie Killinger, Board Nominating Chair
Nebraska Synodical Women's Organization
505 N Street
St. Paul, NE 68873

For more information, call Valerie at 308.750.6033 or e-mail at killinger505@gmail.com

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EXPERIENCE & CHURCH SERVICE: (Positions held in office and service work done.) Begin with the most recent and significant experience in each over the **LAST FIVE YEARS.**

Congregational Level: _____

Conference Level: _____

Synodical Level: _____

Regional or Churchwide Level: _____

Community Service: _____

Special Gifts or Talents: _____

Briefly describe your sense of God's call as it relates to the purpose and mission of the Nebraska Women of the ELCA and your desire to serve in this role.

I was invited to consider this position by:

*Name of W/ELCA Participant _____

*If this is for Triennial Voting Member, you MUST be invited by a Congregational Unit Member to submit.

If this for a NSWOB Board Officer or Member, any Nebraska W/ELCA Participant can invite you to submit.

Mailing Address _____

Telephone Number () _____ E-mail _____

Name of Congregation _____

Town of Congregation _____