



# The Original Cape Fear and Southwestern Free Will Baptist Annual Conference

2801 Mount Pisgah Church Road  
Sanford, North Carolina 27332

## Nomination Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position Sought: \_\_\_\_\_

Qualifications: \_\_\_\_\_

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Experience: \_\_\_\_\_

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Reason for Seeking the Position: \_\_\_\_\_

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Is there any additional information that the Committee needs to know? \_\_\_No \_\_\_Yes  
(Explain)

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\_\_\_ I agree to a background check, if required. Signature: \_\_\_\_\_

Attestation: I hereby attest that to the best of my ability, I have completed each section of this nomination form truthfully.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_