

## **APPLICATION TO SERVE AS COMMISSIONER THE SYNOD OF THE SOUTH ATLANTIC**

To: Pastors, Clerks and Members of Churches in the Presbytery of St. Augustine

Please make this application form widely available within our congregations!

The Synod of the South Atlantic includes the 16 presbyteries in Florida, Georgia, and South Carolina. For the last few years, it has had one stated meeting each year, typically held in mid-September.

The Synod consists of commissioners - teaching elders (ministers) and ruling elders (active on session or not) - elected by each of the 16 presbyteries. The Presbytery of St. Augustine needs to elect two commissioners - one minister of Word and Sacrament (teaching elder) and one ruling elder. *Commissioners serve for four year terms.* There will be some committee work in addition to the annual meetings.

To apply, please provide the information described below and return this **form no later than August 11, 2017** to the Nominating and Representation Committee via the Stated Clerk, Rev. Alexandra (Sandra) Hedrick (email: [sandra@staugpres.org](mailto:sandra@staugpres.org); fax: 904-737-6658; or mail to Presbytery of St. Augustine, 1937 University Blvd. W., Jacksonville, FL 32217)

The nominating criteria for Synod commissioners is:

1. Active commitment to and involvement in the work of the presbytery through committee work, attendance, and support of its goals and objectives.
2. Knowledge of issues and skills in procedures as shown in their functioning in church governing bodies.
3. Willingness to accept the responsibilities involved - preparation, attendance and participation at the synod meetings (and committee meetings), effective reporting in the presbytery upon return, and willingness to continue service in the presbytery.

APPLICATION INFORMATION

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE/ETHNICITY (optional) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHURCH \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE(S) \_\_\_\_\_

TEACHING ELDER (MINISTER) \_\_\_\_\_ RULING ELDER \_\_\_\_\_

YOUNG ADULT \_\_\_\_\_ (Provide endorsement of your pastor and a member of session.)

IF YOUNG ADULT, CURRENT SCHOOL/GRADE (if applicable)

\_\_\_\_\_

SPECIAL NEEDS (optional)? \_\_\_\_\_

YEARS PREVIOUSLY ATTENDED GENERAL ASSEMBLY: \_\_\_\_\_ (\*individuals may only be elected to serve this presbytery once every ten years)

Please provide concise answers to these questions, attaching additional pages as needed.

List your service in and/or through your local church \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the Presbytery, Synod, General Assembly, ecumenical, and community activities in which you have participated \_\_\_\_\_

\_\_\_\_\_

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Please provide a statement of the reasons for your interest in serving as a commissioner or young adult advisory delegate \_\_\_\_\_

\_\_\_\_\_