

**RECOMMENDATION FOR CONSIDERATION
FOR CONGREGATION COUNCIL
CR 2 Form 1**

Date: _____

Please consider _____
(print candidate name)

as a candidate for nomination for the Congregation Council of St. John's Evangelical Lutheran Church.

This person gives permission to submit his/her name for consideration and understands that s/he will receive a self-evaluation and biographical form to be prayerfully completed and returned to the Nominating Committee Chair, by

(Deadline date)

Respectfully submitted,

(Print name of St. John's member or Nominating Committee Member)

(Contact information)

Candidate's contact information:

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Mailing Address: _____
