

**Presbytery of Shenandoah
Teaching Elder Commissioner to General Assembly
June 20-27, 2020 – Baltimore, Maryland**

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Home: _____

Work: _____ **Cell:** _____

Email: _____

Year of Ordination: _____ **Joined presbytery:** _____

Local Church/City: _____

Previous Commissioner to GA: Yes _____ No _____ **Year(s)** _____

Age Range: 35 & under _____ 36 – 50 _____ 51– 64 _____ 65 + _____

Racial Ethnic Identity: (please circle)

Caucasian, African American, Asian American, Hispanic/Latino

Middle Eastern, Native American, Other

Male _____ **Female** _____

In the past two (2) years, how often did you attend presbytery meetings?

Presbytery responsibilities (past & present): _____

Other governing body responsibilities: _____

Computer competency: _____

Community Involvement: (list no more than four)

To help the Nominating Committee further get to know you, briefly describe your theology:

Share why you want to serve as a commissioner to General Assembly:

A commissioner to the General Assembly recognizes the importance of the following responsibilities and is willing to accept each. Please initial each:

- **Be led by the Holy Spirit as I seek to know the mind and will of Christ**
Yes _____
- **Attendance at the presbytery's training orientation: Yes** _____
- **Commitment to prepare and read the business of the General Assembly prior to the meeting: Yes** _____
- **Attendance and participation in the meeting of the General Assembly in its entirety: Yes** _____
- **Report to and be a resource within the presbytery following the General Assembly, and be available for two years thereafter for the purpose of interpreting and assisting in the implementation of actions taken at the General Assembly: Yes** _____

Signature of nominee: _____

A teaching elder shall be endorsed by their session. Non parish ministers shall provide a "Letter of Endorsement" from another member of presbytery.

Signature of clerk of session _____

Date of session endorsement _____

DEADLINE: September 15, 2019

**Kim Stroupe
1111 N. Main St.
Harrisonburg, VA 22802**

**Fax: 540-433-6830
kims@shenpres.org**

OFFICE USE ONLY

Received: _____

By: _____