

# PART 1 of 3

## Characterization of Voting Delegate (C)

To help with assigning delegates to floor committees

**PLEASE PRINT or TYPE all information for the sake of accuracy.**

**This completed form must be received by September 30, 2017**

### Congregation

Congregation \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

### Voting Delegate

(You may copy this form to meet your needs.)

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Prefix: \_\_\_\_\_  
Last First MI

Age \_\_\_\_\_ Number of previous conventions attended: NID \_\_\_\_\_ / Synod \_\_\_\_\_

**Please indicate "x" one or more of the following areas of interest or expertise for which this delegate is recommended.**

Theology/Ministry/Mission  Education  
 Administration/Stewardship/Finance

**Please evaluate the competence of your voting delegate by circling your response.**

	Good	Fair	Poor	No Basis
Doctrinal Commitment	3	2	1	0
Mission and Vision	3	2	1	0
Knowledge of the NID	3	2	1	0
Supportive of Congregations	3	2	1	0
Ability to work with others	3	2	1	0
Creative thinking	3	2	1	0
Financial and management skills	3	2	1	0
Judgment	3	2	1	0
Initiative	3	2	1	0
Overall qualifications	3	2	1	0

### **Submitted by:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position in Congregation \_\_\_\_\_ Date \_\_\_\_\_

For a delegate to be considered for a floor committee position, the delegate form must be returned by **September 30, 2017**. Moreover the district office would appreciate receiving the delegate forms as early as possible and preferably by September 30. **Scan and email to [ronda.wilmot@nidlcms.org](mailto:ronda.wilmot@nidlcms.org) or mail completed form to 2301 S. Wolf Rd., Hillside, IL 60162-2298**