**FORMS WMS-APPLICATION FOR CONFERENCE OFFICER**

**ASPIRANT TO THE OFFICE OF:**

**NAME:**

**ADDRESS:**

**TELEPHONE: EMAIL:**

**How many years have you been a member of the WMS? Year (s)**

**Current Church Membership:**

**List significant WMS office (s)/position(s) you have held, and levels served (Local, Area, Conference, Episcopal, Connectional).**

**Position Level**

**APPLICANT: Signature Date**

**LOCAL WMS PRESIDENT:**

**Signature Date**

**\*\*CONFERENCE WMS PRESIDENT: Signature Date**

**LOCAL PASTOR: Signature Date**

**Have you attended District Sexual Misconduct Training? [ ] Yes [ ] NO**

**Have you completed background check process? [ ] Yes [ ] NO**

**\* Has local WMS Fair Share assessment been paid in full? [ ] Yes [ ] NO**

**\* Conference Treasurer verification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**In a 300-word (or less) narrative, indicate why you are seeking to be elected an Episcopal Officer.**

**Narrative should include, yet not be limited to:**

**● Contributions which make you a worthy candidate**

**● How you can best serve Episcopal District**

**● Specific skills that qualify you to serve as elected/appointed officer**

\*\*Conference Presidents to sign BUT only for those individuals on the Conference level.

**EXCEPTION: The signature of the Conference President is not applicable to those holding a DISTRICT level position.**

*Prepare your application and* ***mail four (4) copies*** *postmarked no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

***No email submissions will be accepted.***

**Conference Nominating Committee Chairperson**

*The four (4) copies will be distributed to the Episcopal Supervisor, Episcopal President, Conference President, and Chair of the Conference Nominating Committee.*