EXECUTIVE BOARD AND TRUSTEE RECOMMENDATION FORM

South Carolina Baptists determine their ministry by electing qualified Baptists to the boards of trustees of the Convention's institutions, the Executive Board, and committees of the Convention. You are encouraged to share in the nominating process. Below is a form for submitting recommendations to the 2016 Nominations Committee of the South Carolina Baptist Convention.

Your recommendation, while not in any way assuring nomination or election, will receive careful consideration by the committee. Submit a separate form for each recommendation. Refer to the listing in the 2015 Convention Annual of persons now serving on boards and committees. The Convention Annual can be viewed on our website: www.scbaptist.org. No person may serve on more than one board concurrently. Those rotating off boards of trustees, or the Executive Board, at the end of 2016 are not eligible to serve on any board beginning in 2017 (unless filling less than one-half of an unexpired term). No member of the Executive Board, except ex officio members, shall have an official connection with any of the institutions of the Convention, nor shall be an employee of the Convention, an institution of the Convention, or an association. Members of the Convention committees serving in 2016 may be elected to serve on boards of trustees, or the Executive Board, beginning in 2017. Please refer to the Convention Bylaws Parts 1 and 2 as noted in the 2015 Convention Annual.

THE DEADLINE FOR RECEIVING RECOMMENDATIONS IS JULY 7, 2016

No recommendation can be considered by the committee if received after this date. Mail completed form to: Nominations Committee, Executive Director-Treasurer Office, 190 Stoneridge Drive, Columbia, SC 29210-8254 or fax to: (803) 252-1711. For additional forms contact Executive Director-Treasurer Office at 800. 723.7242 or 803.227.6202

(Please type or print all information carefully.)

✓ Please check one: ○ Rev. ○ Dr. ○ Mr. ○ Mrs. ○ Ms. (ex. Robert R. Smith) Full Name (include middle initial):	(ex. "Bob") Nickname:
Address/City/Zip:	
Office phone: Mobile:	Home:
Church/City: Association:	How long?
Occupation:Emai	l address:
Positions of Responsibility: Church:	Association:
✓ Check below the committee on which you believe the	his person is best qualified and could best serve.
(please use a separate form if nominating the Anderson University	Ministries for the Aging O North Greenville University CO Connie Maxwell Children's Home ual to find associations where Executive Board members associations only should be recommended. Do you have permission to submit his/her name? O Yes O No Has this person shown evidence of support of Cooperative Program? O Yes O No Does this person understand that your recommendation will not assure his/her nomination or election to any board? O Yes O No Will he/she serve and attend meetings if elected?
What specific competencies and aptitudes does this person have	e for this particular committee:
Give other reasons for nominating this person.	
Your Name:Do	aytime Phone:
Church, City/Association:	