



**UNITED METHODIST WOMEN  
WESTERN NORTH CAROLINA CONFERENCE**

**INFORMATION ON PROSPECTIVE CONFERENCE LEADERSHIP  
(To be completed by prospective conference leader)**

Type or Print (attach additional sheets as necessary)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Email: \_\_\_\_\_

Local Church \_\_\_\_\_ District \_\_\_\_\_

Age: 20's \_\_\_\_\_ 30's \_\_\_\_\_ 40's \_\_\_\_\_ 50's \_\_\_\_\_ 60's \_\_\_\_\_ 70's \_\_\_\_\_ 80's+ \_\_\_\_\_

Languages Spoken: \_\_\_\_\_ Racial/Ethnic Group: \_\_\_\_\_

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Professional skills and experience \_\_\_\_\_  
\_\_\_\_\_

Experience In United Methodist Women (or in any of the predecessor groups)

LOCAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISTRICT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONFERENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional experience on the local, district, conference or general church level (other than United Methodist Women) or in the community. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special talents or skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of special interest and concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which office(s) on the Conference UMW Team would you most like to hold given the opportunity to serve?

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| _____ President                  | _____ Membership, Nurture & Outreach |
| _____ Vice-President             | _____ Social Action                  |
| _____ Secretary                  | _____ Spiritual Growth               |
| _____ Treasurer                  | _____ Program Resources              |
| _____ Chair of Nominations       | _____ Communications                 |
| _____ Education & Interpretation |                                      |

Why are you interested in this position and what qualifications do you feel you have for your office(s) of choice? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to be away from home or employment for:

Full day \_\_\_\_\_ Weekend \_\_\_\_\_ Extended time \_\_\_\_\_  
Yes or No Yes or No Yes or No

\_\_\_\_\_ I am sorry but I am unable to accept an office this year. Please keep my name on file and contact me in \_\_\_\_\_ (year)

Please give any other information you may feel is pertinent.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to:** (Chairperson, Conference Committee on Nominations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_