



TALENT BANK INFORMATION ON POTENTIAL LEADER

(To be completed by potential leader)

Type or Print (attach additional sheets as necessary)

Date _____

Name _____

Address _____

Preferred phone _____ 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, job experience

Office(s) held in United Methodist Women

Office(s)

Dates of Service

Local

District

Conference

Jurisdiction

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 (I) or Concern (C):

- | | | |
|--|--|--|
| <input type="checkbox"/> secretarial | <input type="checkbox"/> recruiting members | <input type="checkbox"/> publicity |
| <input type="checkbox"/> communication | <input type="checkbox"/> social issues | <input type="checkbox"/> workshops |
| <input type="checkbox"/> computer | <input type="checkbox"/> creativity | <input type="checkbox"/> newsletters |
| <input type="checkbox"/> accounting/bookkeeping | <input type="checkbox"/> recording minutes | <input type="checkbox"/> retreats |
| <input type="checkbox"/> organization of details | <input type="checkbox"/> public policy | <input type="checkbox"/> music |
| <input type="checkbox"/> nominations | <input type="checkbox"/> public relations | <input type="checkbox"/> youth |
| <input type="checkbox"/> program planning | <input type="checkbox"/> community building | <input type="checkbox"/> children |
| <input type="checkbox"/> administration | <input type="checkbox"/> inclusiveness/pluralism | <input type="checkbox"/> other (specify) |

Which office(s) on the District/Conference United Methodist Women's Team would you most like to hold given the opportunity to serve?

- | | |
|---|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Membership Nurture & Outreach |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Spiritual Growth |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Program Resources |
| <input type="checkbox"/> Chair of Nominations | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Education & Interpretation | |

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

Would you be able to use your gifts and talents to uphold and strengthen United Methodist Women through the PURPOSE of the organization? _____

Is it possible for you to be away from your home or employment for:

Full day _____ Yes or No Weekend _____ Yes or No Extended Time _____ 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 feel is pertinent:

RETURN TO:

Nominations Chair