

**2020 Northern Ohio District Conference
Ballot Consent Form**

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____

Office nominated for: _____

Home congregation: _____

Current work in my home congregation (list offices you hold, etc.):	Current district leadership:
Past work in my home congregation:	Past district leadership:

Personal information (spouse, children, vocation, volunteer work, etc.):

Denominational, ecumenical or community work:

_____ Yes, I have prayerfully considered the request to have my name placed in nomination for the office listed above and agree to have my name placed the 2020 ballot.

Signature

Date

Please send or email this form, ALONG WITH A CURRENT (DIGITAL) PHOTOGRAPH of yourself within 30 days of receipt to:

Northern Ohio District Church of the Brethren
Attn: Julie Watson
1107 E. Main Street
Ashland, OH 44805
julie@nohcob.org