



SELF-NOMINATION AND TALENT FORM

Peninsula-Delaware Conference The United Methodist Church

PERSONAL INFORMATION

Name: _____ Email: _____

Full Address: _____

Phone _____ Cell: _____ Gender: _____

Home: _____ Age: _____

Work: _____

Clergy or Laity: _____

Ethnicity: *UMC denominational categories listed are limited for reporting purposes only. Please use Other to provide additional more accurate information you wish to share.*

- ☐ Asian ☐ Black or African American ☐ Hispanic or Latinx ☐ Native American
☐ Pacific Islander ☐ White ☐ Other

If other, please specify: _____

Local Church: _____

District: ☐ Delaware ☐ Lower Shore ☐ Upper Shore

Are you committed to the future of the United Methodist Church? ☐ Yes ☐ No

GIFTS, TALENTS, and ABILITIES

What areas of ministry (such as administration, outreach, mission) are you passionate about?

In what ways do you enjoy serving in your church and community?

Have you ever taken a spiritual gifts inventory? ☐ Yes ☐ No

If yes, what are your gifts?



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If not, please use this link - Spiritual Gifts (<http://www.umc.org/what-we-believe/spiritual-gifts-online-assessment>) to take a 5 to 7 minute assessment. It is not required but will assist you identifying the best fit for your gifts.

What skills do you enjoy using? These can be things you've learned or things that come naturally to you:

PREFERRED GROUP EXPERIENCES

In a group (committee, task force, or team), I usually:

Please choose up to 3 answers below

- ☐ Emerge as a leader
- ☐ Am happy to follow others' directions
- ☐ Try to stick to the task at hand
- ☐ Tend to be more focused on building relationships
- ☐ Am good at thinking on my feet
- ☐ Need time to process information before making decision
- ☐ Enjoy being involved in planning
- ☐ Prefer hands-on involvement
- ☐ Like long-term, open-ended processes
- ☐ Prefer a specific, short-term focus

AREAS of INTEREST

Areas of interest:

Please choose up to 2 answers below

- ☐ Administration/Finances/Trustees
- ☐ Youth/Young Adult/Higher Education/Campus Ministries
- ☐ Disabilities/Ethnic Ministries/Laity
- ☐ Missions/Disaster Relief
- ☐ Ministry-Discipleship/Congregational Development
- ☐ Advocacy/ Care Ministries/Spiritual Formation
- ☐ Other/Specific Committee, Team, Board, Council, Commission, or Task Force

If other, please specify: _____



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- Employment Status:
- ☐ Student
 - ☐ Employed Part-Time
 - ☐ Employed Full-Time
 - ☐ Retired
 - ☐ Unemployed

Work Experiences, Professional Skills, or Certifications:

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SPIRITUALITY PREFERENCES

What kind of practices enhance your faith journey?

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In what ways, if any, does your ministry involvement nurture your faith?

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My specific area of interest and/or professional background is (or anything else you think the committee would find helpful):

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Print Name: _____

Date: _____

Signature: _____

Date: _____

Return completed forms to Christine Trott ctrott@pen-del.org or mail to Peninsula-Delaware Conference, 139 N State St, Dover, DE 19901

This form is available online at <https://pendel-reg.brtapp.com/nominationform525>