

**FAMILY SHIELD MINISTRIES
BOARD OF DIRECTORS
NOMINATION FORM**

Email winesstofamily@gmail.com to receive a copy

Name of Person being Nominated (Nominee) _____
Phone

Mailing Address _____
E-mail Address

I believe this person demonstrates the qualities needed to serve on the Family Shield Ministries (FSM) Board and should, therefore, be considered as a candidate for nomination to the FSM Board of Directors.

I believe this person is well qualified to give leadership to our organization as a member of the Family Shield Ministries Board of Directors because. . .

From my perspective, this person possesses the following Board competencies (check all that apply):
[Underline or highlight any competencies that you feel are the nominee's specific strengths]

- | | | |
|---|--|---|
| <input type="checkbox"/> Strategy | <input type="checkbox"/> Writing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Teamwork | <input type="checkbox"/> Communications | <input type="checkbox"/> Analysis |
| <input type="checkbox"/> Integrity | <input type="checkbox"/> Leadership | <input type="checkbox"/> Innovation |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Vision | <input type="checkbox"/> Development |
| <input type="checkbox"/> Radio/Media/Technology | <input type="checkbox"/> Counter Cult Ministry | <input type="checkbox"/> Teaching |

Printed Name of Nominator _____
Phone

Signature of Nominator _____
Email

PLEASE SEND COMPLETED FORM TO: winesstofamily@gmail.com
OR MAIL FORM TO: FAMILY SHIELD MINISTRIES
ATTENTION: NOMINATIONS
7045 Parkwood Street
ST. LOUIS, MO 63116-2112