



**NOMINATION FORM**  
**ARCHDIOCESE OF PORTLAND IN OREGON**  
**Strategic Plan Implementation Committees**

Name of Nominee: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_

Parish: \_\_\_\_\_ City: \_\_\_\_\_

Profession/Professional Skills:  
\_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Committee being nominated for: (✓ check preferred box)  
 *Academic Excellence*    *Enrollment/Marketing/Management*    *Finance*    *Mission & Vision*  
 *Development*    *Leadership*    *Special Needs*    *Development (CSEF)*

What gifts/talents/experience might the nominee contribute?

**Time & Interest:** Does the person have the time and interest to participate on and contribute to the work of the implementation? Please explain.

Explain your reason for suggesting this person as a nominee.

Other Comments

I consulted with the person I am proposing. The person is eligible as well as interested in being nominated and in serving on the Board if appointed.

YES       NO

Name (Person Nominating): \_\_\_\_\_

Affiliation: \_\_\_\_\_

Date \_\_\_\_\_

**RETURN via email to: [dcs@archdpdx.org](mailto:dcs@archdpdx.org)**