

Denman Award Nomination Form

I. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Cell: (____) _____ Email: _____
Church/Charge: _____ District _____

Size of Church: 1-99 100-249 250-400 500 or more

II. Clergy Laity Youth

How long has this person been a member of or served as pastor of this church/charge? _____

If Clergy, please list the number of members added to the church over the past three (3) years:

	List year:	<input type="text"/>	<input type="text"/>	<input type="text"/>
1) Profession of Faith:		_____	_____	_____
2) By Transfer:		_____	_____	_____

Also, these statistics, if clergy:

1) Average Worship Attendance:	_____	_____	_____
2) Average Sunday School Attendance:	_____	_____	_____
3) Population of community in which present charge is:	_____		

4) How would you categorize this community? growing static declining

III. If laity, please list the offices served in the church and how long:
_____ years: _____
_____ years: _____
_____ years: _____
_____ years: _____

IV. For both clergy and laity describe the "spirit" of the person you have nominated. Give a brief biography. Tell about the person's attitude toward life, his/her Christian commitment, and the person's vision of the future. (use additional paper)

V. For both clergy and laity describe the "fruits" of the spirit displayed by this person. What difference has this person made in the lives of people, the church, and the community? (use additional paper)

VI. Please attach a letter written by the District Superintendent of this clergy person you have nominated. For the Lay nominee, attach a letter from one of the following: pastor, Advisory Board Council Chair, COM Chair, Lay Leader, or Evangelism Chair of the local church in which the lay nominee is a member. Please answer questions IV and V in these letters.

VII. Finally, add any other comments or information you believe would be helpful to the selection process.

VIII. Person making nomination: _____ Position: _____
Address: _____ City: _____ State: _____
Zip: _____ Phone: (____) _____ Cell: (____) _____

X. **Mail this form by the deadline date to:**
Rev. Chris Buskirk, 4407 S. Olive Ave., Broken Arrow, OK 74011-1734.
Email to: chris@abidingharvest.org, Fax: (918) 449-1972