



**MBC Nominating Committee  
PROFILE SHEET**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Are you a Lay Person or Minister: ☐ layperson (Non-ordained or retired ministry staff is considered laity.)  
☐ minister (Active ordained ministers or other ministry staff.)

Please write a brief personal salvation testimony \_\_\_\_\_

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Church Membership (Name of Church) \_\_\_\_\_

City and State \_\_\_\_\_

Church's Cooperative Program Contributions Last Year:

Amount \$ \_\_\_\_\_ Percentage of undesignated receipts \_\_\_\_\_%

Do you personally support and/or financially contribute to your local church and consequently the work of the Missouri Baptist Convention and Southern Baptist Convention through the Cooperative Program?

☐ yes ☐ no

List positions served in the local church, association, or MBC/SBC boards, committees, commissions, institutions served and offices held.

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Occupation \_\_\_\_\_ Employed By \_\_\_\_\_

Give a brief statement of unique business/professional experience that might be beneficial to the Entity or commission you would serve.

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Have you read, do you agree with, and affirm the Baptist Faith and Message (current edition) while serving as a Trustee for the MBC? ☐ yes ☐ no

(For a copy of the *Baptist Faith and Message*, go to [mobaptist.org/about-us/what-we-believe](http://mobaptist.org/about-us/what-we-believe).)

Please give two references familiar with your local church involvement and your lifestyle that demonstrates a decorum of holiness consistent with New Testament character, including the abstention from recreational use of controlled substances (including alcohol, marijuana, etc.).

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

I pledge to complete the MBC new trustee orientation, as well as the orientation of the Entity or commission where I may be elected to serve. ☐ yes ☐ no

Once elected to your position, would you, if requested, agree to a background check by the Missouri Baptist Convention or the Entity you are nominated to serve? ☐ yes ☐ no

Subject to election by the MBC at the Annual Meeting, I would like to serve on (choose all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> MBC Executive Board                    | <input type="checkbox"/> Hannibal/LaGrange University |
| <input type="checkbox"/> Missouri Baptist Children's Home       | <input type="checkbox"/> Missouri Baptist University  |
| <input type="checkbox"/> Missouri Baptist Historical Commission | <input type="checkbox"/> Southwest Baptist University |
| <input type="checkbox"/> Christian Life Commission              | <input type="checkbox"/> Missouri Baptist Foundation  |
| <input type="checkbox"/> Baptist Home                           | <input type="checkbox"/> Credentials Committee        |
| <input type="checkbox"/> Committee on Order of Business         |   |

Return form to: MBC Nominating Committee, Missouri Baptist Convention, 400 E. High Street, Jefferson City, MO 65101.

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**For Committee Use Only**

Geographic Region \_\_\_\_\_ Association \_\_\_\_\_