**SECULAR FRANCISCAN ORDER**

**ACCEPTANCE OF NOMINATION**

**Dear:**

**You have been nominated as a candidate for the office of:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office** | **Accept** | **Do not accept** | **Office** | **Accept** | **Do not accept** |
| **( ) Minister** | **\_\_\_\_\_\_\_**  **Initial** | **\_\_\_\_\_\_\_\_\_\_**  **Initial** | **( ) Secretary** | **\_\_\_\_\_\_**  **Initial** | **\_\_\_\_\_\_\_\_\_\_\_\_**  **Initial** |
| **( ) Vice-Minister** | **\_\_\_\_\_\_\_**  **Initial** | **\_\_\_\_\_\_\_\_**  **Initial** | **( ) Treasurer** | **\_\_\_\_\_\_\_**  **Initial** | **\_\_\_\_\_\_\_\_\_\_\_\_**  **\_ Initial** |
| **( ) Formation Director** | **\_\_\_\_\_\_\_\_**  **Initial** | **\_\_\_\_\_\_\_\_\_\_**  **Initial** | **( ) Councilor** | **\_\_\_\_\_\_\_\_**  **Initial** | **\_\_\_\_\_\_\_\_\_\_\_\_**  **Initial** |

**For the term of:**

**The completion and return of this form will indicate your willingness to serve, if elected. Council position obligations are outlined in OFS Constitutions, Articles 49-52. I understand that, if elected I have a responsibility to fulfill the obligations of that position, attend scheduled Council meetings and assist as necessary with initial/ongoing formation. I also attest that I meet the minimum qualifications to be a nominee (based on the OFS constitution and Regional Governance Norms).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**Date and Place of Profession:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you cannot serve in ANY capacity, at this time, please designate below with your signature.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date**

(Rev. (087/23/18)