

**NOMINATION FORM**  
**FOR THE G. ROSS FREEMAN LEADERSHIP AWARD**

*Send this form along with supporting documents to the Conference President of United Methodist Men to nominate a clergy person who has demonstrated outstanding leadership in encouraging the ministries of men and strengthening the local church Fellowship of United Methodist Men.*

1. **Name of Pastor** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. **We affirm our Pastor's Ministry with and through United Methodist Men of:**

Church/Charge \_\_\_\_\_ District \_\_\_\_\_

Conference \_\_\_\_\_ Who has served this Church for \_\_\_\_\_ years.

Size of the Church: (Check appropriate space.)     1-99     100-249     250-499     500 or more

How would you categorize the Church: (Check appropriate space.)     Growing     Stable     Declining

3. **We offer the following reasons why he/she should be considered for this Award in our Conference:**

How many active members in the UMM Fellowship? \_\_\_\_\_

Is the United Methodist Men Charter up to date? ( ) Yes ( ) No.

How many of the men are members of the EMS program (*EVERY MAN SHARES – in Evangelism, Missions, and Spiritual Growth*) to support the work of UMM around the world and to receive regular information about the international work of United Methodist Men? \_\_\_\_\_

How many of your men attend events scheduled at the District level \_\_\_\_\_, the Conference level \_\_\_\_\_, and the Jurisdictional level \_\_\_\_\_. Does the pastor go with the men? ( ) Yes ( ) No ( ) Sometime

What fund raising projects and mission outreach programs have the UMM completed this year?

4. **Give reasons** why you believe this pastor should receive the *FREEMAN LEADERSHIP AWARD* from your Conference. Consider the criteria that the *Annual Conference Selection Committee* will use in determining the recipient of the Award in submitting documentation about your pastor. Feel free to add two or three additional pages in building the case. You may want to give some examples to illustrate ways in which he/she meet the criteria.

5. Signature of District President of UMM \_\_\_\_\_ Date \_\_\_\_\_

6. Signature of District Superintendent. \_\_\_\_\_ Date \_\_\_\_\_

Submitted by \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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*Mail completed form with supporting information to your Conference President before February 1*